DOCUMENT RESUME

ED 136 651 HE 008 699

AUTHOR	Campos, Rosemary G.; And Others
TITLE	Nursing Research Support in Community Health Agencies in the West.
INSTITUTION	Western Interstate Commission for Higher Education, Boulder, Colo.
SPONS AGENCY	Department of Health, Education, and Welfare, Washington, D.C.
PUB DATE	Jul 76
GRANT	R02-NU-00415
NOTE	89p.
AVAILABLE FROM	Western Interstate Commission for Higher Education, P.O. Drawer P, Boulder, Colorado 80302
EDRS PRICE	MF-$0.83 HC-$4.67 Plus Postage.
DESCRIPTORS	Budgets; Facilities; Financial Support; Higher Education; Institutional Role; Methods Research; *Nurses; *Nursing; Occupational Surveys; Questionnaires; *Researchers; *Research Opportunities; *Research Problems; Research Projects; Special Services; Tables (Data); Vocational Interests
IDENTIFIERS	Alaska; Arizona; California; Colorado; Hawaii; Idaho; Montana; Nevada; New Mexico; Oregon; Utah; Washington; Wyoming

ABSTRACT

To determine what resources are available to community health nurses, a survey was conducted of 345 agencies in WICHE's 13 western state region (Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, New Mexico, Nevada, Oregon, Utah, Washington, and Wyoming). Major findings were: (1) only two percent of responding agencies had a full-time nurse researcher, while 13 percent reported having a nurse involved in part-time research; (2) the presence of a nurse researcher is related to agency size as measured by the number of visits per year and to administrative staff; (3) research support services are difficult to obtain for many of the agencies; (4) seven percent of the agencies report having a nursing research section; (5) less than two percent of the agencies report having a budget designated for nursing research; (6) in spite of the lack of research support, there exists a very large interest in developing research, and the research atmosphere is generally rated as favorable; (7) there is a wide range of topics that respondents are interested in researching, and the greatest interest is in nursing care and the evaluation of its quality; and (8) the largest obstacle to implementing research is the lack of available funds. Results are not reported by individual state, but in narrated tabular and graphic form for the entire region. The questionnaire and a list of suggested research topics are appended. (Author/HSE)

Documents acquired by ERIC include many informal unpublished materials not available from other sources. ERIC makes every effort to obtain the best copy available. Nevertheless, items of marginal reproducibility are often encountered and this affects the quality of the microfiche and hardcopy reproductions ERIC makes available via the ERIC Document Reproduction Service (EDRS). EDRS is not responsible for the quality of the original document. Reproductions supplied by EDRS are the best that can be made from the original.

NURSING RESEARCH SUPPORT IN COMMUNITY HEALTH AGENCIES IN THE WEST

NE008699

Western Interstate Commission for Higher Education

WICHE

The Western Interstate Commission for Higher Education (WICHE) is a public agency through which the thirteen western states work together to:

* Increase educational opportunities for westerners.
* Expand the supply of specialized manpower in the West.
* Help universities and colleges improve both their programs and their management.
* Inform the public about the needs of higher education.

WCHEN

The Western Council on Higher Education for Nursing (WCHEN) was organized under WICHE auspices in January 1957 and serves the following functions:

* Recommend to the Commission policies relating to education and research.
* Provide a medium for exchange of ideas and sharing of experiences among (1) western institutions of higher education that offer nursing programs leading to the associate, the baccalaureate, or a higher degree, (2) their cooperating clinical agencies, and (3) certain government agencies concerned with nursing education.
* Undertake cooperative planning for the systems of nursing education within the western region under the auspices of the Commission.
* Identify and provide a means for studying problems in nursing and nursing education which need cooperative study.
* Stimulate research in nursing within colleges, universities, and health care facilities in the western region.
* Provide information for members of nursing services and faculties in the West.
* Encourage the increased participation of ethnic minorities and men in nursing in the West.
* Encourage discussion with other disciplines concerned with health issues and recommend ways to facilitate optimal utilization of nurses in health care delivery.
* Initiate action to resolve problems and move nursing forward.

Membership is open to each accredited college and university in the West that offers a program in nursing leading to the master's and higher degrees, baccalaureate degree, or associate degree, and to such institutions offering graduate programs in public health and in continuing education to nurses. As of July 1, 1976, there were 163 member institutions in the Council.

Each member institution is represented in WCHEN by a nurse educator from each accredited program and by a nurse representative from a clinical agency. These representatives plan their programs and activities under the coordination of five steering committees within the broad framework of the Council functions.

NURSING RESEARCH SUPPORT
IN COMMUNITY HEALTH AGENCIES IN THE WEST

Report prepared by

Rosemary G. Campos, R.N., M.S.
Dan E. Hagan, M.S.
Allen H. Nelson, Ph.D.

Western Interstate Commission for Higher Education
Western Council on Higher Education for Nursing
Regional Program for Nursing Research Development

Funded by
Division of Nursing

Department of Health, Education, and Welfare
Grant No. R02 NU 00415

Western Interstate Commission for Higher Education
P.O. Drawer P
Boulder, Colorado 80302

An Equal Opportunity Employer

July 1976

The WICHE librarian has cataloged this publication as follows:

Campos, Rosemary G
Nursing research support in community health agencies in the west / prepared by Rosemary G. Campos, Dan E. Hagan, Allen H. Nelson. -- Boulder, CO : Western Interstate Commission for Higher Education, 1976.
74p.

1. Nurses and nursing - Public health nurses. 2. Nurses and nursing - Research. I. Hagan, Dan E II. Nelson, Allen H III. Western Interstate Commission for Higher Education. Western Council on Higher Education for Nursing. IV. Title.

NURSING RESEARCH SUPPORT IN COMMUNITY HEALTH AGENCIES IN THE WEST

Traditionally, the nurse who has served in the community has had more independence in shaping her role than has her counterpart in hospital settings. Public health nurses have readily embraced the idea that the scope of nursing practice should evolve to meet the changing needs of society and have succeeded in securing many varied positions for expanded-role nurse practitioners. Because community health nurses enjoy greater autonomy, it might be expected that they would be in the forefront of the movement for scientific accountability in nursing practice. With the enriched educational background required by their position and the opportunity for greater control of the practice setting, it would seem that public health nurses would be well suited for providing leadership in clinical nursing research.

What opportunities are there for community health nurses to become involved in clinical research? How do community health agencies compare with hospitals in the amount of support they provide for nurses interested in research? After a survey of hospital support for nursing research in the West was conducted in 1974[1], these were the questions confronting the staff of the Regional Program for Nursing Research Development at the Western Interstate Commission for Higher Education (WICHE). This survey indicated that 8 percent of the responding hospitals had at least one full-time nurse researcher, the majority in veterans and private hospitals, and 73 percent had a favorable climate for research.

In order to determine what resources are available to community health nurses in the West, a survey was conducted of 345 agencies in WICHE's 13 western state region: Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, New Mexico, Nevada, Oregon, Washington, Wyoming, and Utah. The

[1]Campos, Rosemary G. Nursing Research Support in Hospitals in the Western Region. Boulder, Colorado: Western Interstate Commission for Higher Education, 1975.

purpose was to identify the type and distribution of support services such as library facilities, computer services, and statistical consultations available to community health nurses. In addition, the survey was designed to collect data on the research interests of nursing personnel, the clinical services offered by the agencies, the funds available for research, the number of personnel--nursing or other professionals--involved in research, and the nature of the research atmosphere. To facilitate the involvement of ethnic minority nurses in the nursing research development project and another WICHE project, Models for Introducing Cultural Diversity in Nursing Curricula, information was also collected on the ethnic backgrounds of the personnel and patients served by the agencies surveyed.

The information obtained was useful in establishing baseline data on the nature of research activities in the West, data necessary for evaluation of the impact of the nursing research development program. It also facilitated the identification of potential participants for the research workgroups and the research utilization workshops of the program.

Major Findings of the Survey

- Of the responding agencies only 2 percent had a full-time nurse researcher while 13 percent reported having a nurse involved in part-time research.
- The presence of a nurse involved in research is related to agency size as measured by the number of visits per year and number of administrative staff.
- Research support services such as computer services and statistical services are difficult to obtain for many of the agencies.
- Seven percent of the agencies reported having a nursing research section.
- Less than 2 percent of the agencies reported having a budget designated for nursing research.

- In spite of the lack of research support, there exists a very large interest in developing research, and the research atmosphere is generally rated as favorable.
- There is a wide range of topics that the respondents are interested in researching. The greatest interest lies in studying aspects of the quality of nursing care. A large proportion of the suggested studies deal with the evaluation of quality of care.
- The largest obstacle to the implementation of nursing research is considered to be the lack of available funds.

Procedure

In order to identify the community health agencies in the 13 states of the western region, the assistance of the regional nursing consultants of the Department of Health, Education, and Welfare and the state directors of public health agencies was enlisted. From them it was possible to obtain a directory of official and voluntary health agencies in the state or a list of the nursing directors in health departments and home health agencies.

The population surveyed included chiefs of nursing, nursing consultants, directors of nursing, nursing coordinators, supervisors, and public health nurses. A special effort was made to reach the nursing administrators of all private, proprietary, and public community health agencies. In states with large, sparsely populated areas such as Wyoming and Colorado, some of the respondents were county health nurses who served a wide geographic region with little support. Registered nurses, school nurses, and nurses who had part-time positions were not included as respondents in the survey.

The meaning of the nine agency classifications seemed to vary for different states. For example, district health departments were often classified in different ways. Because the "local health department" subunit category was selected by only one respondent, it was eliminated as a separate category.

The category of "federal agency" was used to encompass two branches of the Indian Health Service.

The designation of "state health department" was reserved for the central office of a state system. Responses from individuals who served as consultants within the state system and were responsible for supervision of care within one region of the state were coded "state subunit." The state subunit category also included autonomous district health departments that encompassed several counties. In these states, there was no supervision from the state level. Responses received from agencies with titles such as planning regions or migrant health projects, and agencies that served several counties were also categorized as "state subunit." Clearly, the coordination of services for agencies in the category was at a regional level.

City or county health department agencies were primarily agencies that served only one county or city. A few multiple county health departments were included in this category. In these cases, it was evident that resources were shared with adjacent counties but not on a regional level.

County nursing services were usually small agencies, sometimes staffed by a single nurse, in which the county commissioners functioned as the board of health.

In order to obtain a reasonable degree of internal consistency, the responses to type of agency were reviewed and modified where necessary.

Nature of Response

A total of 348 survey forms were initially sent to the community health agencies. Appendix A contains a copy of the survey. Of this total, 217 forms (62 percent) were returned. The distribution of responses across the 13 states is reported in Table 1.

TABLE 1

GEOGRAPHIC DISTRIBUTION OF RESPONDENTS

State	Number Sent	Number Received	No Response
Alaska	2	1	1
Arizona	19	16	3
California	137	69	68
Colorado	28	22	6
Hawaii	9	7	2
Idano	7	5	2
Montana	21	11	10
Nevada	3	3	-
New Mexico	13	12	1
Oregon	45	28	17
Utah	12	9	3
Washington	47	32	15
Wyoming	5	2	3
	348	217	131

Of the nine community health agency types, the largest response was from city and county health departments. There were 104 responses in this classification, accounting for 48 percent of the total. By contrast, the federal classification accounted for only two responses, less than 1 percent of the total. It might be noted that, while only two federal agencies were involved in the survey, they in themselves are large by the nature of the number of staff and visits per year. The frequency distribution of respondents across the types of the agencies is reported in Table 2.

TABLE 2

NUMBER OF RESPONDENTS FROM EACH TYPE OF AGENCY

State health department	11
State health department subunit	19
City, county health department	104
Federal	2
County nursing service	9
Visiting nurse service	26
Combination agency	17
Proprietary	9
Hospital-based home health agency	20
	217

There is a substantial degree of variation in the titles of those persons completing the survey form. Some of this variation seems to be due simply to the semantic difference in the use of position titles by different types of agencies. The distribution of respondent titles across agencies is reported in Table 3.

Research Involvement and Support

One of the main purposes of this survey was to determine the extent to which research is currently encouraged and supported in community health nursing. Appropriate measures of research involvement include the presence of: (1) a nurse involved in research, (2) a nursing research section, and (3) a nursing research budget.

Originally these three variables were to be examined in relation to other data collected in the survey. This procedure was limited due to the low

TABLE 3

COMPARISON OF TYPE OF RESPONDENT
BY CATEGORY OF AGENCY*

	Super-visor	Coor-dinator	Director	Con-sultant	Staff	Chief
County	37.5			62.5		
State			36.4	9.1		54.5
State subunit	63.2	5.3	21.1			10.5
Combination	23.5	5.9	70.6			
Federal						100.
Proprietary	22.2	11.1	66.7			
City, county	34.6	1.9	51.9		9.6	1.9
Visiting nurse service	19.2		80.8			
Hospital-based home health agency	25.	50.	25.			
Total	31.	6.9	49.1	2.8	4.6	5.6

* Numbers given are percentages of total for each agency.

percentages of positive responses to the three items. Thirteen percent of the agencies reported having at least one nurse involved in research, 7 percent had a nursing research section, and less than 2 percent reported a budget for nursing research. These results were indicative of a low level of current research involvement. Of the three items, only the first could be utilized for the purpose of statistical comparisons. The use of the remaining two would have been inconsistent with sound methodological practice. It was then decided that statistical relationships should be analyzed only with respect to the presence of a nurse involved in research. Thus, the other two items are discussed only from a descriptive perspective.

Number of Nurses Involved in Research

Two questions in the survey were asked with respect to nurses involved in research. The first item asked the respondent to report the number of nurses in the agency identified as full-time nurse researchers. The next item asked how many nurses were involved in nursing research on a part-time basis. The underlying intent of these items was to determine the number of full-time and part-time nursing research positions. Later it was realized that a nurse might be engaged in part-time research without actually occupying a research position. In order to minimize any possible ambiquity, these items were considered as measures of nurses involved in research rather than as measures of the number of nursing research positions.

The distribution of nurses involved in full-time research by agency is given in Figure 1. On the whole there is an obvious lack of full-time nurse researchers, as evidenced by the 2 percent total. One of the two reporting federal agencies had at least one full-time researcher. This is not surprising when the size of the agency is considered.

Nurses involved in research on a part-time basis were somewhat more abundant. Figure 2 shows a total of 12 percent of the agencies reporting at least one nurse involved in part-time research.

Figure 3 represents the distribution of nurses involved in research on either a full-time or part-time basis. Thirteen percent of the total agencies reported nurses in this category. The state subunit classification was the only agency reporting no nurses involved in research at all. The presence of at least one full-time or part-time nurse involved in research is the variable that is discussed throughout the remainder of this report.

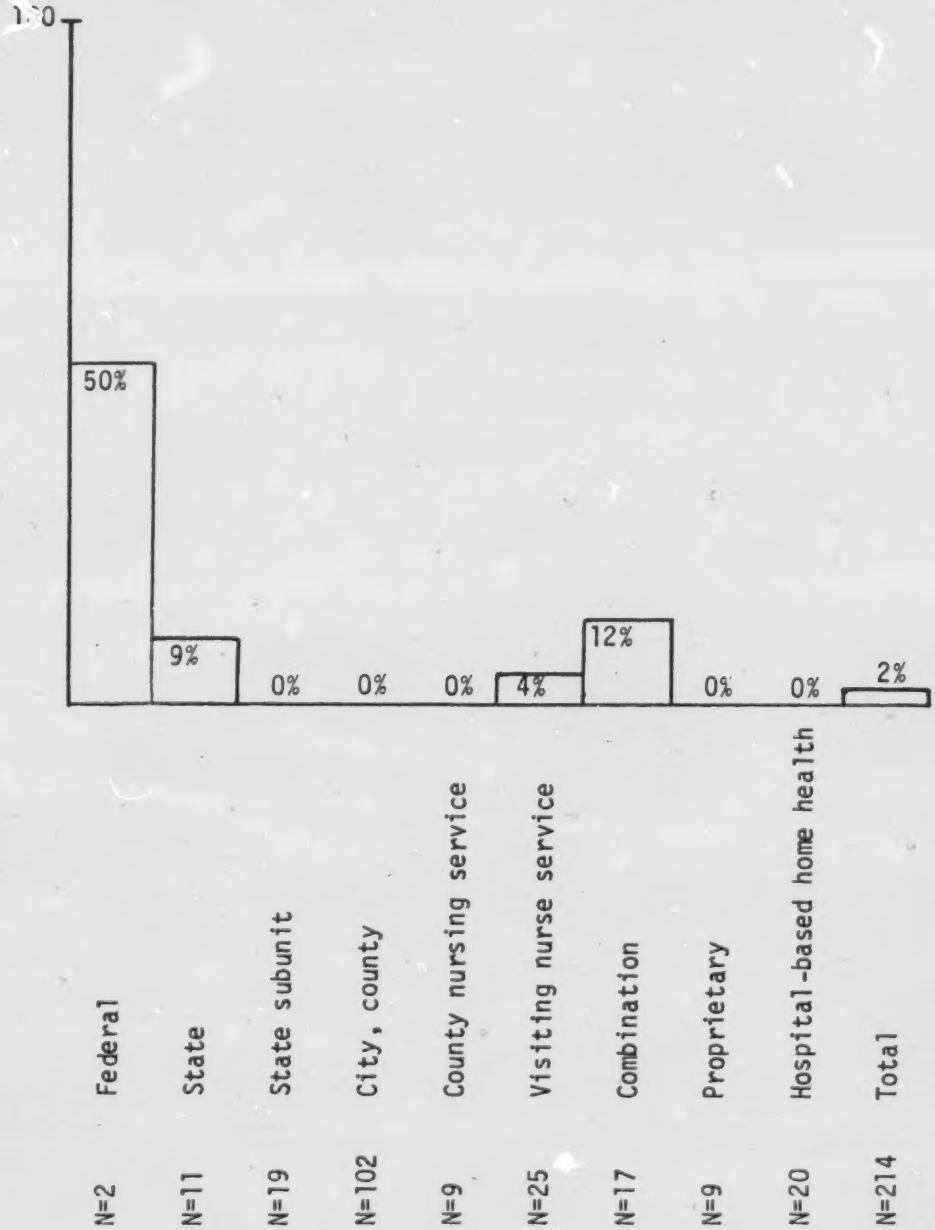

Figure 1. Percentage of each agency type with at least one full-time nurse involved in research.

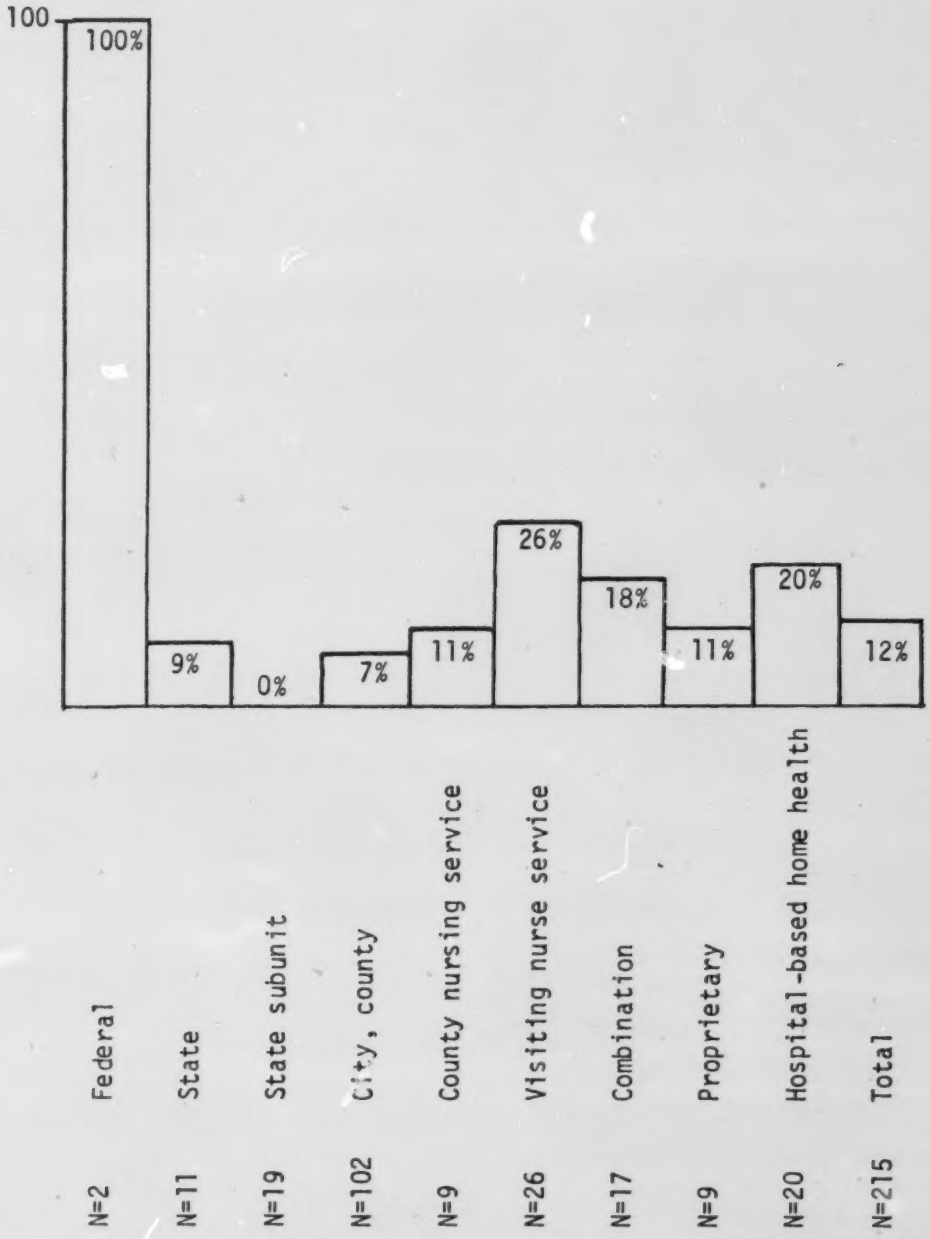

Figure 2. Percentage of each agency type with at least one part-time nurse involved in research.

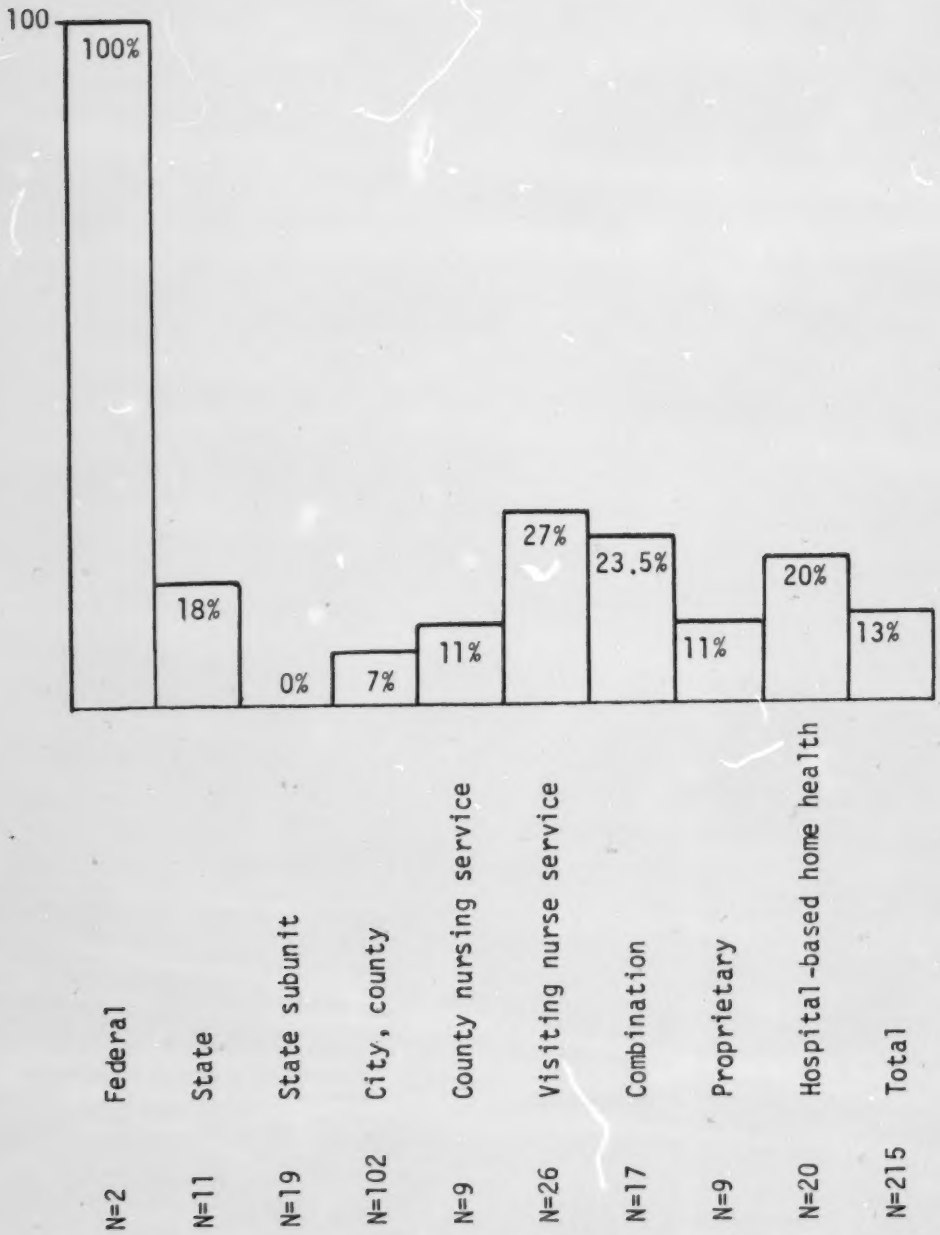

Figure 3. Percentage of each agency type with at least one nurse involved in research (full- or part-time).

Size of Agencies

It is interesting to examine the relationship of the size of agencies and the presence of nurses involved in research. Within this survey, size was estimated in three different ways: (1) by visits made per year, (2) by number of nursing personnel, and (3) by number of administrators.

A comparison of the nine agency types and the number of visits per year is given in Table 4. The table shows that the two federal agencies were quite large whereas county nursing service agencies tended to vary in size. The remaining agencies tended to be distributed across wide differences in the number of nursing visits.

The relationship between the five categories of size and the presence of a nurse involved in research is described in Table 5. The computed relationship across the five categories is not statistically significant ($\chi^2 = 8.77$, d.f. = 4, N.S.). However, if the size variable is combined into two categories, as in Table 6, a significant relationship is found ($\chi^2 = 5.91$, d.f. = 1, $p < .02$). This finding can be interpreted simply by considering that extreme differences in size are more able to predict research involvement than smaller gradations.

Another measure of size is the number of staff nursing personnel. The distribution of frequencies of personnel across agencies is reported in Table 7. Upon visual inspection, at least, this distribution seems to follow that of visits per year. For instance, it was found that federal agencies were large in terms of personnel whereas county nursing services were small. It was no surprise that the number of visits per year paralleled the number of available nursing staff.

The relationship between size of nursing staff and presence of a nurse involved in research is given in Table 8. The two largest size categories were combined in order to satisfy a statistical requirement for sufficient

TABLE 4

COMPARISON OF THE NINE TYPES OF COMMUNITY HEALTH AGENCIES ON THE NUMBER OF NURSING VISITS MADE PER YEAR

Number of Nursing Visits Per Year	Frequency and Percent of Total	Federal N=2	State N=4	State Subunit N=17	City, County Health Dept. N=38	Hospital-based Home Health N=19	Visiting Nurse Service N=25	Combination Agency N=16	Proprietary Home Health N=9	County Nursing Service N=9
0-1000	N=38 20%		N=1 25%	N=2 12%	N=25 28%	N=4 21%	N=1 4%	N=3 19%		N=2 22%
1000-2000	N=23 12%			N=1 6%	N=9 10%	N=4 21%	N=2 8%	N=1 6%	N=3 33%	N=3 33%
2000-5000	N=43 23%			N=4 24%	N=19 22%	N=7 37%	N=4 16%	N=3 19%	N=4 44%	N=2 22%
5000-15,000	N=40 21%		N=1 25%	N=7 41%	N=14 16%	N=2 11%	N=9 36%	N=4 25%	N=1 11%	N=2 22%
15,000-30,000	N=29 15%	N=1 50%		N=2 12%	N=13 15%	N=2 11%	N=7 28%	N=3 19%	N=1 11%	
30,000-60,000	N=9 5%	N=1 50%		N=1 6%	N=5 6%		N=1 4%	N=1 6%		
Over 60,000	N=7 4%		N=2 50%		N=3 3%		N=1 4%	N=1 6%		
Total number of agencies included in table	189									

TABLE 5

RELATIONSHIP BETWEEN THE NUMBER OF VISITS PER YEAR AND THE PRESENCE OF A NURSE INVOLVED IN RESEARCH*

	0-1000 Visits Per Annum	1000 to 2000	2000 to 5000	5000 to 15000	Over 15000	Totals
No nurse involved	33	23	36	36	33	161
At least one nurse involved	5	0	6	4	11	26
Totals	38	23	42	40	44	187

*χ^2 = 8.77, d.f. = 4, not significant

TABLE 6

RELATIONSHIP BETWEEN NUMBER OF VISITS PER YEAR AND PRESENCE OF A NURSE INVOLVED IN RESEARCH WHEN SIZE CATEGORIES ARE COMBINED*

	0-15000 visits per annum	> 15000 visits per annum	Totals
No nurse involved	128	33	161
At least one nurse involved	15	11	26
Totals	143	44	187

*χ^2 = 5.91, d.f. = 1, $p < .02$

TABLE 7

COMPARISON OF THE NINE TYPES OF COMMUNITY HEALTH AGENCIES ON THE NUMBER OF STAFF NURSING PERSONNEL (PHN, RN, LPN)

Number of Staff Nursing Personnel	Frequency and Percent of Total	Federal N=2	State N=6	State Subunit N=19	City, County Health Dept N=104	Hospital-based Home Health N=20	Visiting Nurse Service N=26	Combination Agency N=17	Proprietary Home Health N=9	County Nursing Service N=9
1-10	N=113 53%		N=2 33%	N=6 32%	N=56 54%	N=16 80%	N=13 50%	N=6 35%	N=7 78%	N=7 78%
10-25	N=57 27%		N=1 17%	N=10 53%	N=25 24%	N=3 15%	N=9 35%	N=5 29%	N=2 22%	N=2 22%
25-75	N=24 11%	N=1 50%	N=2 33%	N=3 16%	N=10 10%		N=3 12%	N=5 29%		
Over 75	N=18 8%	N=1 50%	N=1 17%		N=13 13%	N=1 5%	N=1 4%	N=1 6%		
Total number of agencies included in table	212									

TABLE 8

RELATIONSHIP BETWEEN THE NUMBER OF STAFF NURSING PERSONNEL AND THE PRESENCE OF A NURSE INVOLVED IN RESEARCH*

	1-10 Staff Nursing Personnel	10-25	Over 25	Totals
No nurse involved	98	51	34	183
At least one nurse involved	14	5	8	27
Totals	112	56	42	210

*χ^2 = 2.22, d.f. = 2, not significant

expected frequencies. The statistical relationship is not significant (χ^2 = 2.22, d.f. = 2, N.S.).

Respondents were also asked to report on how many nursing personnel within their agency had been involved in research. The percentages reported in Figure 4 seem to be somewhat confusing. The total number of agencies reporting having nursing personnel who had been involved in research is noticeably higher than those reporting having nurses currently involved in research. At the same time, only 50 percent of the federal agencies reported having nurses who had been involved in research. From data presented earlier, it is known that 100 percent of the federal agencies reported having a nurse presently involved in either full-time or part-time research. Two factors seem to be involved. First, the possibility exists that several agencies employed nurses who had been involved in research in the past while not being presently involved. Second, there may have been problems interpreting the question, Have any of your nursing personnel ever been involved in nursing

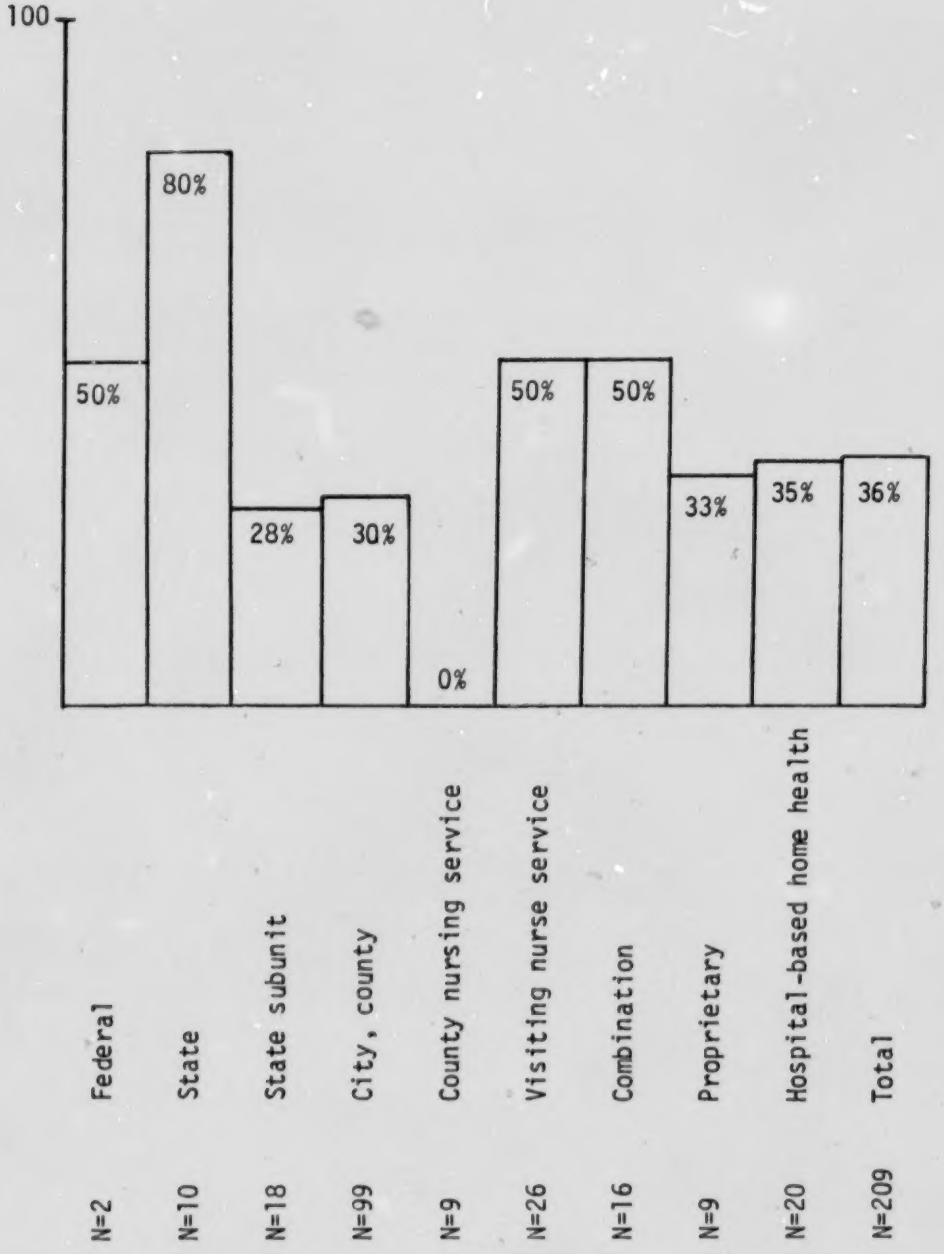

Figure 4. Percentage of agency type having nursing personnel who have been involved in research.

research before? This could have been construed to mean only "before" and not including "the present."

Care should be taken in interpreting the responses to this item. It seems reasonable to conclude that research experience was more prevalent than was the likelihood of current involvement in research.

The third measure of size is the number of administrative personnel. Table 9 reports the distribution of administrative personnel across the agencies.

The relationship between the number of administrative personnel and the presence of a nurse involved in research is described in Table 10. The three highest categories were combined out of statistical necessity. The computed relationship is significant ($\chi^2 = 6.38$, d.f. = 1, $p < .02$).

Type of Research

Another facet of research is the type of research in which an agency is engaged. The distribution for education-related and job-related research across agency types is presented in Table 11. The classifications of state, city or county, and visiting nurse service tended toward education-related research. By contrast, the classifications of federal and county nursing service were involved in job-related research. However, only three agencies fell within these two classifications.

Research Support Facilities

The facilitation of nursing research often is related to the availability of specialized personnel and departments. This is often based on the fact that certain personnel are able to provide expertise in research skills. The presence of nine specialized areas was recorded across the nine types of agencies. The distribution of percentages for the presence of these facilities is reported in Table 12. In general, a high percentage of the agencies seemed

TABLE 9

COMPARISON OF THE NINE TYPES OF COMMUNITY HEALTH AGENCIES ON THE NUMBER OF ADMINISTRATIVE PERSONNEL IN NURSING

Number of Administrative Personnel in Nursing	Frequency and Percent of Total	Federal N=2	State N=11	State Subunit N=18	City, County Health Dept. N=99	Hospital-based Home Health N=20	Visiting Nurse Service N=26	Combination Agency N=17	Proprietary Home Health N=9	County Nursing Service N=9
1-5	N=164 83%		N=3 27%	N=15 83%	N=80 81%	N=20 100%	N=20 77%	N=12 71%	N=8 89%	N=6 100%
5-15	N=34 16%	N=2 100%	N=4 36%	N=1 6%	N=16 16%		N=6 23%	N=4 24%	N=1 11%	
15-30	N=5 2%		N=2 18%	N=1 6%	N=2 2%					
Over 30	N=5 2%		N=2 18%	N=1 6%	N=1 1%			N=1 6%		
Total number of agencies included in table	208									

TABLE 10

RELATIONSHIP BETWEEN THE NUMBER OF ADMINISTRATIVE PERSONNEL AND PRESENCE OF A NURSE INVOLVED IN RESEARCH*

	1 to 5 Administrative Personnel	5-15 Administrative Personnel	Totals
No nurse involved	145	33	178
At least one nurse involved	17	11	28
Totals	162	44	206

*$\chi^2 = 6.38$, d.f. = 1, $p < .02$

TABLE 11

COMPARISON OF THE NINE TYPES OF COMMUNITY HEALTH AGENCIES
ON THE TYPE OF RESEARCH INVOLVEMENT

Type of Research Involvement	Frequency and Percent of Total N=77	Federal N=1	State N=8	State Subunit N=4	City, County Health Dept. N=32	Hospital-based Home Health N=8	Visiting Nurse Service N=12	Combination Agency N=8	Proprietary Home Health N=3	County Nursing Service N=1
Education related research	N=58 75%		N=6 75%	N=2 50%	N=29 91%	N=3 38%	N=11 92%	N=6 75%	N=1 33%	
Job related research	N=19 25%	N=1 100%	N=2 25%	N=2 50%	N=3 9%	N=5 63%	N=1 8%	N=2 25%	N=2 67%	N=1 100%
Total number of agencies included in table	77									

TABLE 12

PERCENTAGE OF AGENCIES WITH PERSONNEL OR DEPARTMENTS
THAT MIGHT FACILITATE NURSING RESEARCH

	Frequency and Percent of Total	Federal	State	State Subunit	City, County Health Dept.	Hospital-based Home Health	Visiting Nurse Service	Combination Agency	Proprietary Home Health	County Nursing Service
Nursing consultants	N=204 45%	100.0	90.9	44.4	38.8	50.0	40.0	37.5	33.3	77.8
Staff development office	N=195 24%	50.0	45.5	18.8	17.2	68.8	20.0	25.0	28.6	0.0
Health planners	N=195 36%	100.0	100.0	44.4	27.7	47.1	20.0	26.7	33.3	62.5
Communicable disease control	N=202 70%	100.0	100.0	84.2	88.8	31.3	0.0	93.8	28.6	50.0
Vital statistics dept.	N=199 70%	50.0	100.0	72.2	84.8	46.7	25.0	80.0	42.9	25.0
Health education services	N=203 65.5%	100.0	81.8	78.9	68.0	82.4	32.0	76.5	57.1	25.0
Data processors	N=193 35.2%	100.0	90.9	50.0	28.0	56.3	25.0	26.7	42.9	0.0
Environmental health	N=202 70%	100.0	90.9	84.2	90.0	26.7	8.0	86.7	0.0	50.0
Grants business officer	N=186 27%	0.0	63.6	33.3	26.1	42.9	16.0	26.7	28.6	0.0

to have these facilities available. This availability was somewhat greater for federal and state agencies and slightly less for visiting nurse service, proprietary, and county nursing service agencies.

The relationships between the presence of the research support facilities and the presence of nurses involved in research was computed for each case where statistically valid.

The relationship between the presence of health planners and the presence of a nurse involved in research is represented in Table 13. The relationship is highly significant ($\chi^2 = 8.22$, d.f. = 1, $p < .01$). This result merely indicates that more nurses were liable to be involved in research in those agencies having health planners.

TABLE 13

RELATIONSHIP OF THE PRESENCE OF HEALTH PLANNERS AND THE PRESENCE OF A NURSE INVOLVED IN RESEARCH*

	No Health Planners	Health Planners Present	Totals
No nurse involved	116	55	171
At least one nurse involved	8	15	23
Totals	124	70	194

*$\chi^2 = 8.22$, d.f. = 1, $p < .01$

The relationship between the presence of a communicable disease department and the presence of a nurse researcher is represented in Table 14. The statistical relationship is not significant (χ^2 = 1.54, d.f. = 1, N.S.).

TABLE 14

RELATIONSHIP OF THE PRESENCE OF A COMMUNICABLE DISEASE DEPARTMENT AND THE PRESENCE OF A NURSE INVOLVED IN RESEARCH*

	No Disease Control Department	Disease Control Department Present	Totals
No nurse involved	49	125	174
At least one nurse involved	11	15	26
Totals	60	140	200

*χ^2 = 1.54, d.f. = 1, not significant

The relationship between the presence of a vital statistics department and the presence of a nurse involved in research is described in Table 15. The degree of relationship is small and again is not statistically significant (χ^2 = .003, d.f. = 1, N.S.).

TABLE 15

RELATIONSHIP OF THE PRESENCE OF A VITAL STATISTICS DEPARTMENT AND THE PRESENCE OF A NURSE INVOLVED IN RESEARCH*

	No Vital Statistics Department	Vital Statistics Department Present	Totals
No nurse involved	53	119	172
At least one nurse involved	7	18	25
Totals	60	137	197

*χ^2 = 0.003, d.f. = 1, not significant

The relationship between the presence of a health education department and the presence of a nurse involved in research is represented in Table 16. This relationship is not statistically significant (χ^2 = .051, d.f. = 1, N.S.).

Why is the relationship between health planners and the presence of a nurse involved in research significant while the other three relationships are not? Consider the effects of the two agency classifications: city-county and combination. In the entire sample of respondents, these two categories accounted for approximately 43 percent of the total responses reporting a nurse involved in research. At the same time, these agencies reported a relatively small number of health planners, according to Table 12. Given these observations and the contingency table between nurses involved in research and health planners, it seems that the following has occurred.

The total number of health planners was low compared to the other three

TABLE 16

RELATIONSHIP OF THE PRESENCE OF HEALTH EDUCATION SERVICES AND THE PRESENCE OF A NURSE INVOLVED IN RESEARCH*

	No Health Education Services	Health Education Services Present	Totals
No nurse involved	62	114	176
At least one nurse involved	8	18	26
Totals	70	132	202

* $\chi^2 = 0.051$, d.f. = 1, not significant

departments examined. This fact is related to the low number of health planners in the city-county and combination-type agencies. At the same time, those agencies in the two categories that did report health planners were likely also to have a nurse involved in research. This accounts for the significant relationship between the two.

Research Support Services

In addition to the departments mentioned in the last section, the availability of other research support services is also desirable.

The respondents were asked to indicate the availability of the following research support services: library, research space, statisticians, videotape recordings, duplicating equipment, computer services, public health laboratory, and an epidemiologist. The distribution of responses to these items across the nine agency types is reported in Table 17.

TABLE 17

SUPPORT SERVICES
PERCENTAGE OF AGENCIES WITH SERVICE AVAILABLE

Service Available	Frequency and Percent of Total	Federal	State	State Subunit	City, County Health Dept.	Hospital-based Home Health	Visiting Nurse Service	Combination Agency	Proprietary Home Health	County Nursing Service
Library	N=184 60%	100.0	90.9	60.0	53.7	83.3	48.0	75.0	50.0	33.3
Space	N=175 34%	50.0	45.5	6.7	28.8	46.7	50.0	40.0	66.7	11.1
Statisticians	N=175 23%	50.0	54.5	13.3	20.3	43.8	13.0	28.6	16.7	0.0
Videotape recordings	N=177 25%	100.0	50.0	20.0	21.0	44.4	19.0	20.0	0.0	22.2
Duplicating equipment	N=192 74.5%	100.0	90.9	66.7	68.5	88.9	79.2	87.5	80.0	55.6
Computer services	N=176 25%	50.0	45.5	20.0	13.3	47.1	36.0	25.0	33.3	22.2
Public health lab services	N=181 54%	50.0	81.8	63.2	65.9	28.6	4.3	56.3	100.0	66.7
Epidemiologist	N=173 36%	50.0	70.0	57.9	36.0	28.6	8.7	46.7	0.0	33.3

The relationship between a nurse involved in research and the availability of a statistician was computed. This relationship is statistically significant ($\chi^2 = 7.45$, d.f. = 2, $p < .05$) and is represented in Table 18.

TABLE 18

RELATIONSHIP OF THE AVAILABILITY OF A STATISTICIAN AND THE PRESENCE OF A NURSE INVOLVED IN RESEARCH*

	Statistician Not Available	Can Be Contracted For	Available	Totals
No nurse involved	99	17	31	147
At least one nurse involved	11	7	9	27
Totals	110	24	40	174

*$\chi^2 = 7.45$, d.f. = 2, $p < .05$

Statistical expertise might also be present when an epidemiologist is available. The relationship between the availability of an epidemiologist and the presence of a nurse involved in research is represented in Table 19. This relationship is also statistically significant ($\chi^2 = 12.33$, d.f. = 2, $p < .01$).

TABLE 19

RELATIONSHIP OF THE AVAILABILITY OF AN EPIDEMIOLOGIST AND THE PRESENCE OF A NURSE INVOLVED IN RESEARCH*

No nurse involved	74	21	49	144
At lease one nurse involved	5	10	12	27
Totals	79	31	61	171

*$\chi^2 = 12.33$, d.f. = 2, $p < .01$

Funding and Budget

Obviously, the availability of funds is a crucial consideration in the implementation of research. Survey information on funding and budgets was collected in the following categories: source of funds, presence of a research section, existence of a budget for nursing research, access to a research budget for nursing research, and ability to transfer monies within a nursing budget for purposes of research. As mentioned above, low frequencies had prevented using presence of a research section and presence of a nursing budget as criterion variables.

A comparison of the source of funds across the different agency types is given in Table 20. Federal and state agencies received their support completely from public funds while the remaining agencies received funds from both private and public sources.

In terms of an agency having a specific section for research, only 7 percent of the total responded positively. On a percentage basis, federal, state, and hospital-based home health agencies ranked highest. The

TABLE 20

COMPARISON OF SOURCE OF FUNDS BY CATEGORY OF AGENCY

		Private	Public	Both
Hospital-based home health agency	(18)	17%	11%	72%
Visiting nurse service	(26)	31		69
City, county health department	(103)		79	21
Federal	(2)		100	
Proprietary	(7)	14	29	57
Combination agency	(17)	6	35	59
State health department subunit	(19)		74	26
State health department	(11)		100	
County nursing service	(6)		78	22
Total	(212)	6	59	35

distribution for this item is reported in Figure 5.

The total percentage of agencies having a budget specifically for nursing research was especially low. Only 1.9 percent of the total number of agencies reported having a nursing research budget. Five of the nine agency types reported no budget while four types each had one positive response. The distribution of responses is given in Figure 6.

The percentage of agencies reporting access to a budget for the purpose of nursing research was somewhat higher. A total of 9 percent of the agencies reported positively on this item. The distribution on this item across agencies is given in Figure 7.

As far as being able to transfer monies within the nursing budget for research, 15 percent of the agencies said they could. The distribution for this item is given in Figure 8.

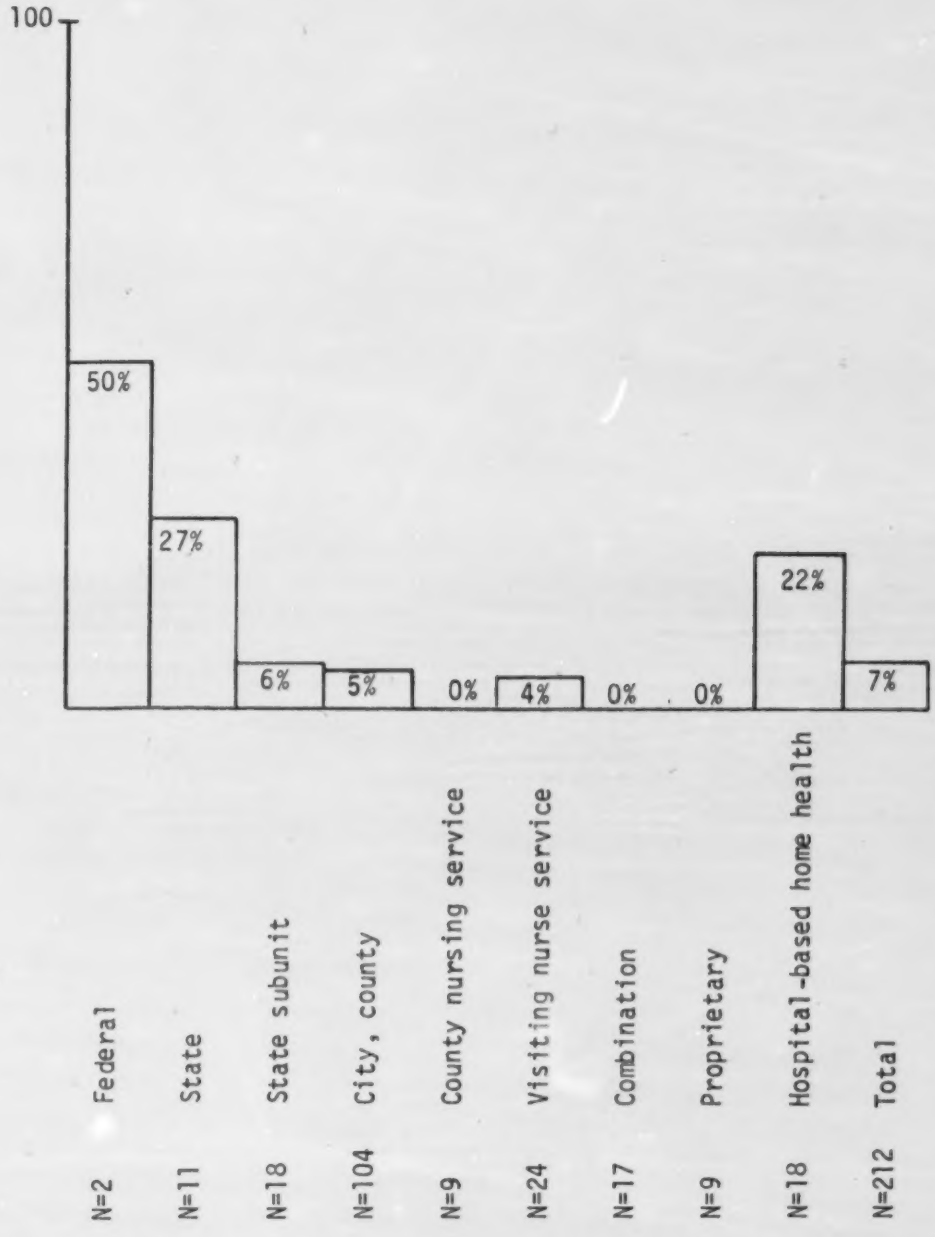

Figure 5. Percentage of each agency type with a research section.

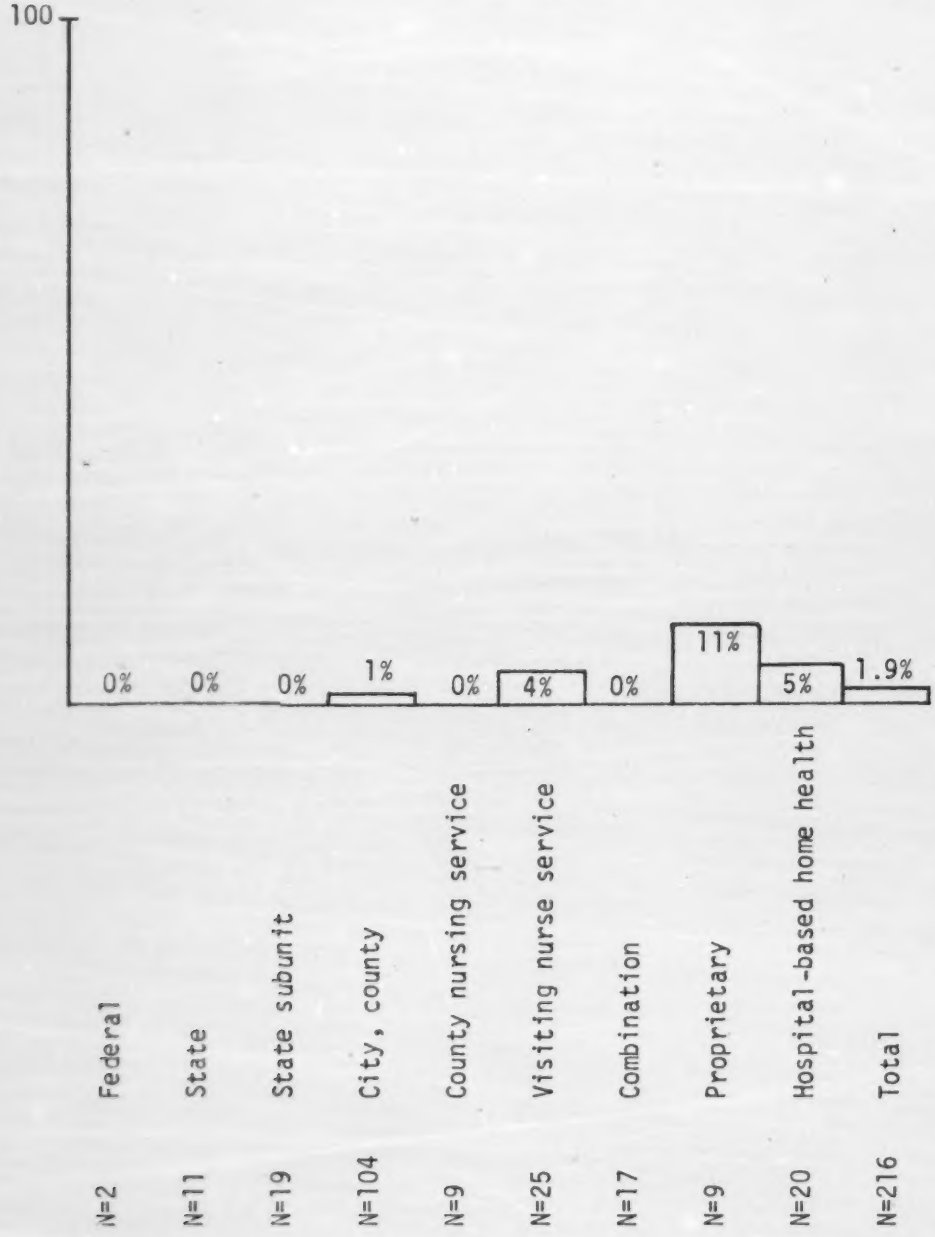

Figure 6. Percentage of each agency type having a budget for nursing research.

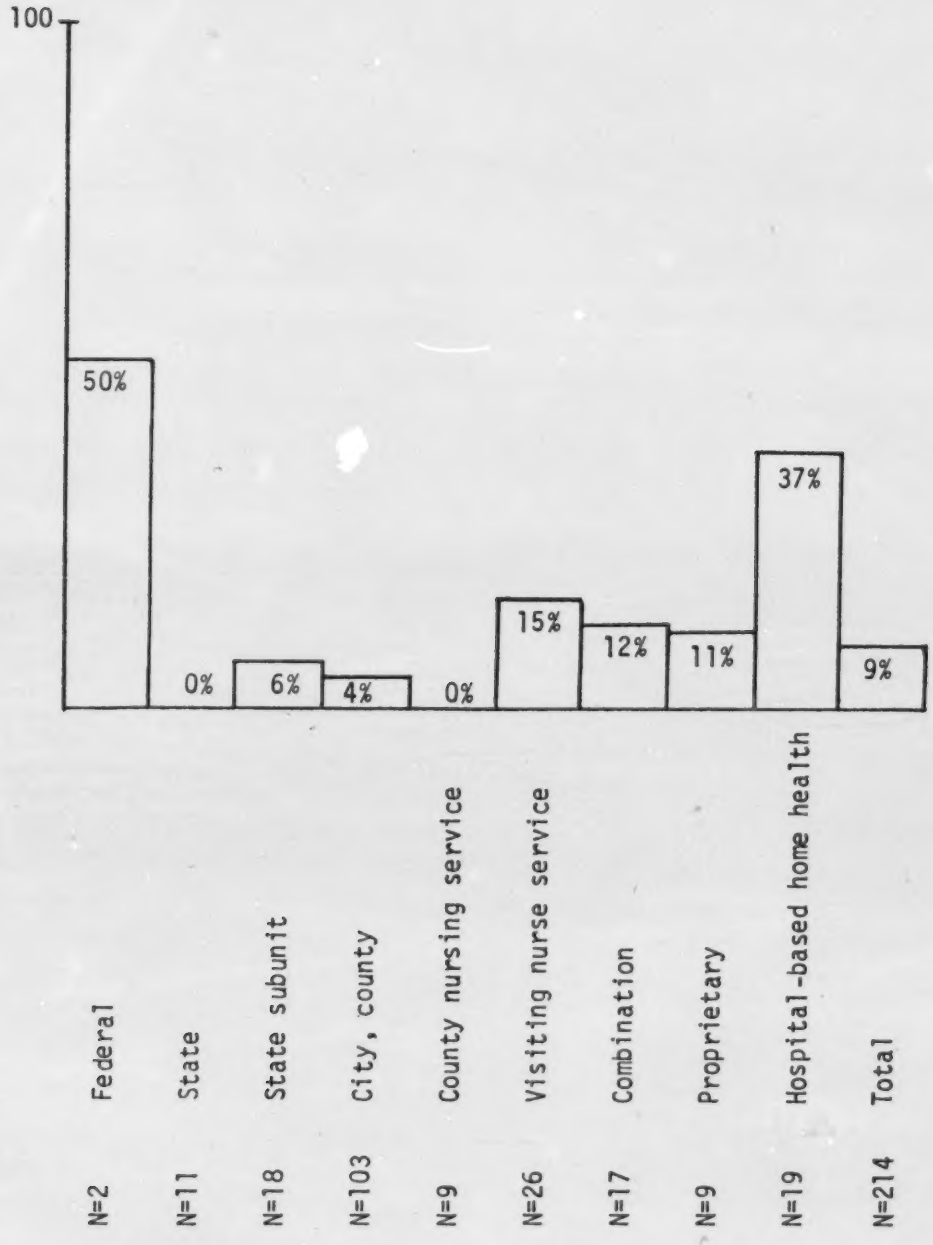

Figure 7. Percentage of each agency type with a budget for research to which nursing has access.

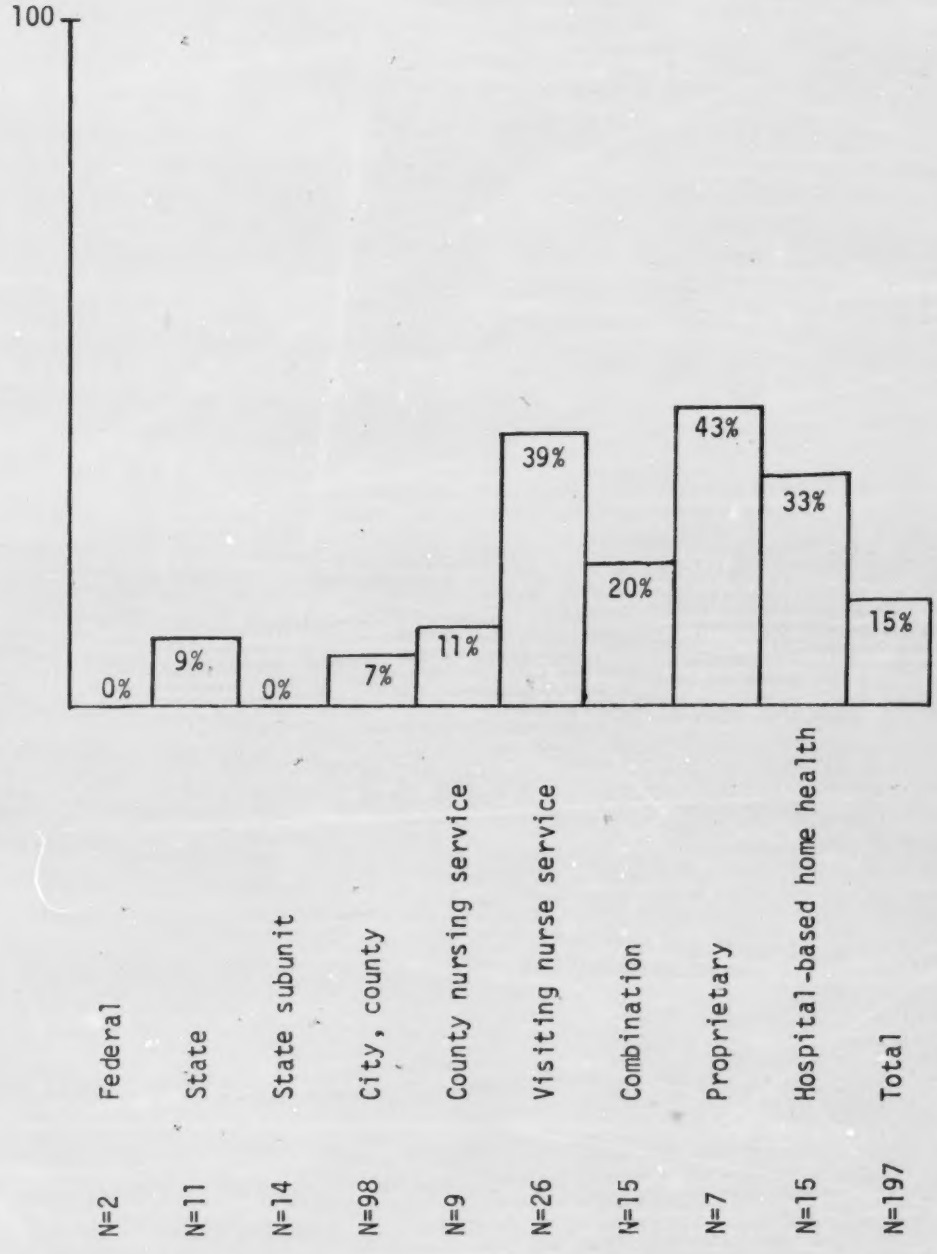

Figure 8. Percentage of each agency type who are able to transfer monies within the nursing budget for use in research.

In general it appears that direct funding for nursing research is quite limited among those agencies surveyed.

Future Research Potential

Several survey questions were asked in order to determine the potential for nursing research in the community health agencies.

Supports for Research

Respondents were asked to check those factors that would facilitate the involvement of nursing personnel in research. The factors listed were: (1) the availability of consultation in design and methodology; (2) the support of others involved in research on the same topic; (3) statistical consultation; (4) availability of funds for such things as pilot studies and data processing; and (5) administrative support that research is a desirable activity for community health agencies.

The distribution of response percentages across agencies is reported in Table 21. Based on the total response, availability of funds was checked most often (65 percent). This was followed by the desire for administrative support (52 percent). Each factor was checked by both of the federal agencies. Eighty-nine percent of the county nursing service agencies checked the need for funds.

Impediments to Research

The agencies were also asked to check those factors that they considered an impediment to involvement in research. The response distribution for the nine agencies across eight factors is reported in Table 22. Budget restrictions were clearly considered to be the major obstacle. A total of 52 percent of the respondents considered this an impediment. Limited staff was the next highest response rate, at 18 percent.

TABLE 21

PERCENTAGE OF EACH AGENCY TYPE INDICATING WHICH OF FIVE FACTORS WOULD FACILITATE THE INVOLVEMENT OF NURSING PERSONNEL IN RESEARCH

		Consultation in Design and Methodology	Support of Others Involved in Research on the Same Topic	Statistical Consultation	Funds for Pilot Studies, Data Processing, etc.	Admin. Support that Research is a Desirable Activity for Comm. Health Nurses
Federal	N=2	100%	100%	100%	100%	100%
State	N=11	55%	27%	9%	64%	64%
State subunit	N=19	53%	26%	26%	79%	58%
City, county	N=104	46%	29%	26%	56%	53%
County nursing service	N=9	67%	56%	56%	89%	67%
Visiting nurse service	N=26	50%	42%	39%	73%	39%
Combination	N=17	53%	29%	53%	77%	41%
Proprietary	N=9	33%	22%	11%	44%	56%
Hospital-based home health agency	N=20	40%	25%	30%	70%	45%
Total	N=217	48%	31%	30%	65%	52%

TABLE 22

PERCENTAGE OF EACH AGENCY TYPE INDICATING SPECIFIC FACTORS WHICH IMPEDE AGENCY INVOLVEMENT IN RESEARCH

Factors Impeding Involvement in Research	Frequency and Percent of Total	Federal N=2	State N=8	State Subunit N=12	City, County Health Dept. N=66	Hospital-based Home Health N=13	Visiting Nurse Service N=19	Combination Agency N=8	Proprietary Home Health N=5	County Nursing Service N=7
Lack of administrative support	N=4 3%		N=1 13%		N=3 5%	N=5 39%				
Budget restrictions	N=78 56%	N=1 50%	N=4 50%	N=9 75%	N=34 52%		N=14 74%	N=4 50%	N=3 60%	N=4 57%
Lack of interest	N=1 1%								N=1 20%	
Lack of knowledge	N=3 2%				N=2 3%					N=1 14%
Lack of time	N=12 9%			N=1 8%	N=6 9%	N=2 15%	N=2 11%	N=1 13%		
Other	N=2 1%					N=1 8%				N=1 14%
Not agency's role	N=15 11%		N=2 25%	N=2 17%	N=4 6%	N=3 23%	N=1 5%	N=2 25%		N=1 14%
Limited staff	N=25 18%	N=1 50%	N=1 13%		N=17 26%	N=2 15%	N=2 11%	N=1 13%	N=1 20%	
Totals	140									

Planned Involvement

The respondents were asked whether they planned to be involved in research in the near future. Fifteen percent of the total indicated yes. Although the response rate varied across agency types, every agency type had at least one positive response. The response distribution is shown in Figure 9.

Research Interests

As compared to the low percentage of agencies planning research, there was a very high percentage of response indicating an interest in research. A total of 71 percent of the agencies reported having personnel interested in participating in research if research consultation were available. These responses are reported in Figure 10. The responses were high across all agencies, with the lowest being 50 percent for federal agencies.

The respondents were also asked whether they were familiar with the WICHE Nursing Research Development Program. An average of 38 percent of the agencies were familiar with the program. On a percentage basis, 91 percent of the state agencies and 78 percent of the county nursing service agencies were familiar with the program. The distribution of responses is given in Figure 11.

The respondents indicated a large interest in receiving information about the WICHE Regional Program for Nursing Research Development. A total of 86 percent of the agencies indicated that they would be interested in receiving information about the program. The response distritution is given in Figure 12.

Research Atmosphere

Respondents were asked to classify their research atmosphere as favorable or unfavorable. A total of 62 percent of the agencies considered the research atmosphere favorable. Of notable exception were the two federal agencies, which both indicated an unfavorable atmosphere. State agencies and county

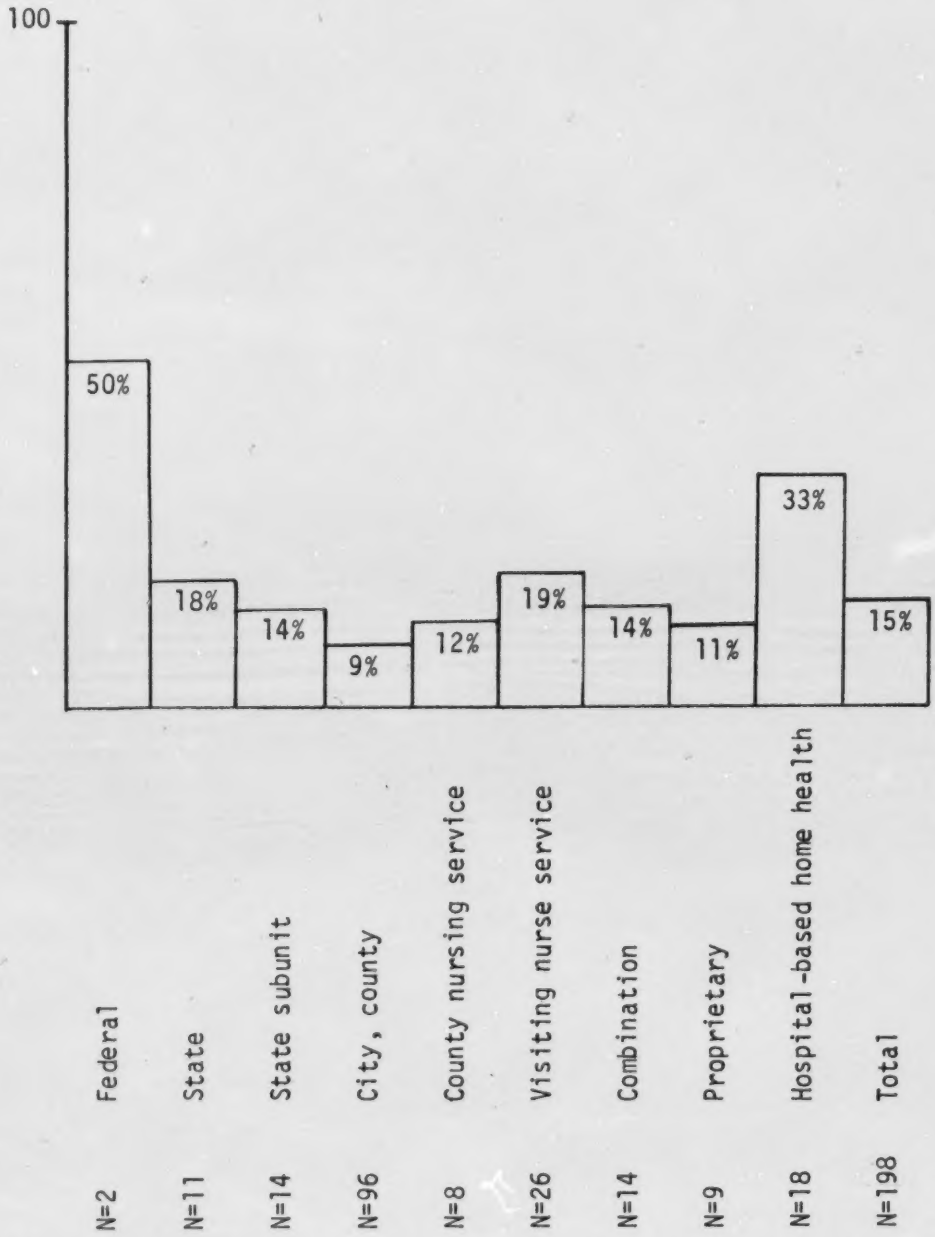

Figure 9. Percentage of each agency type planning to be involved in research in the near future.

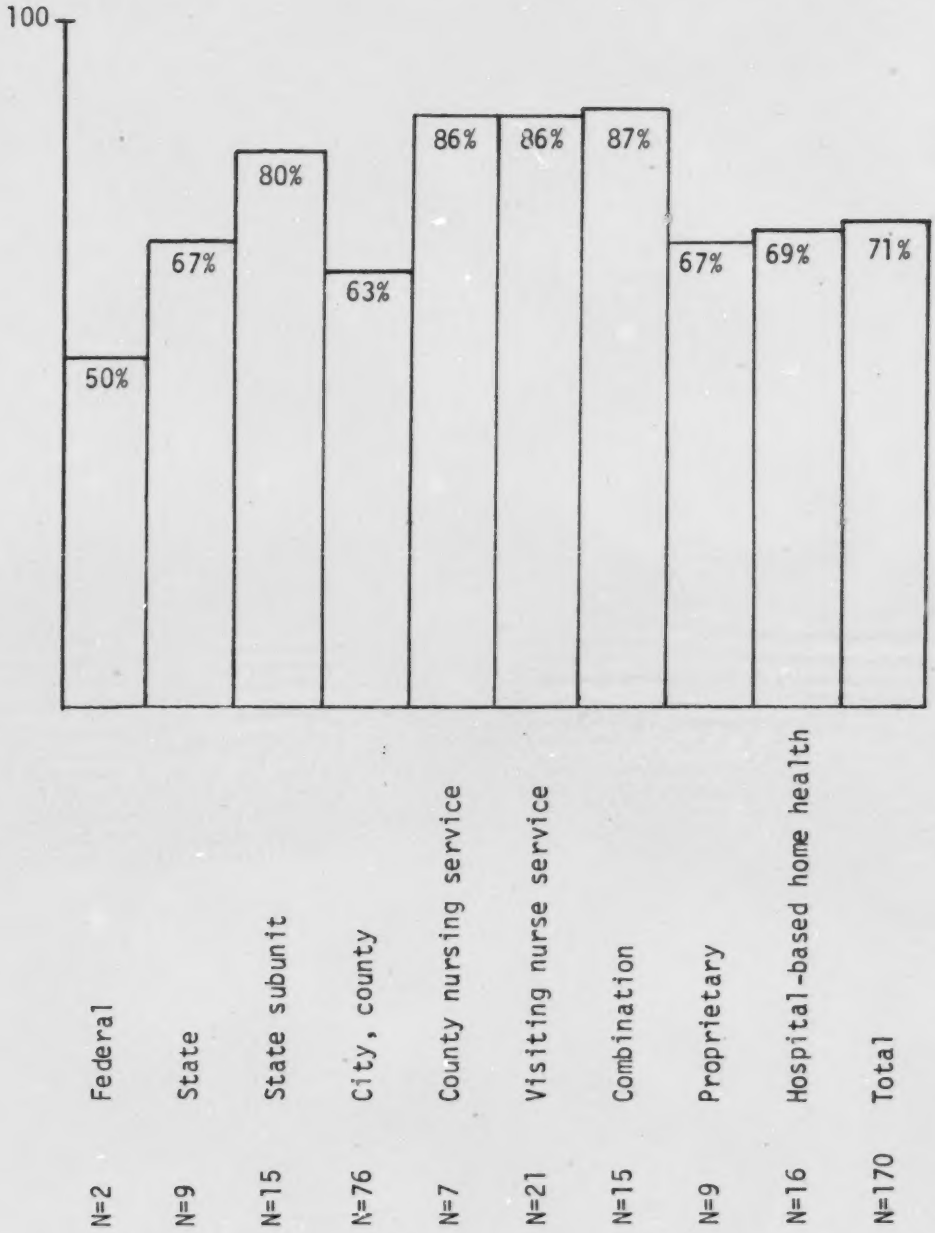

Figure 10. Percentage of each agency type with personnel who would be interested in participating in research if research consultation were available.

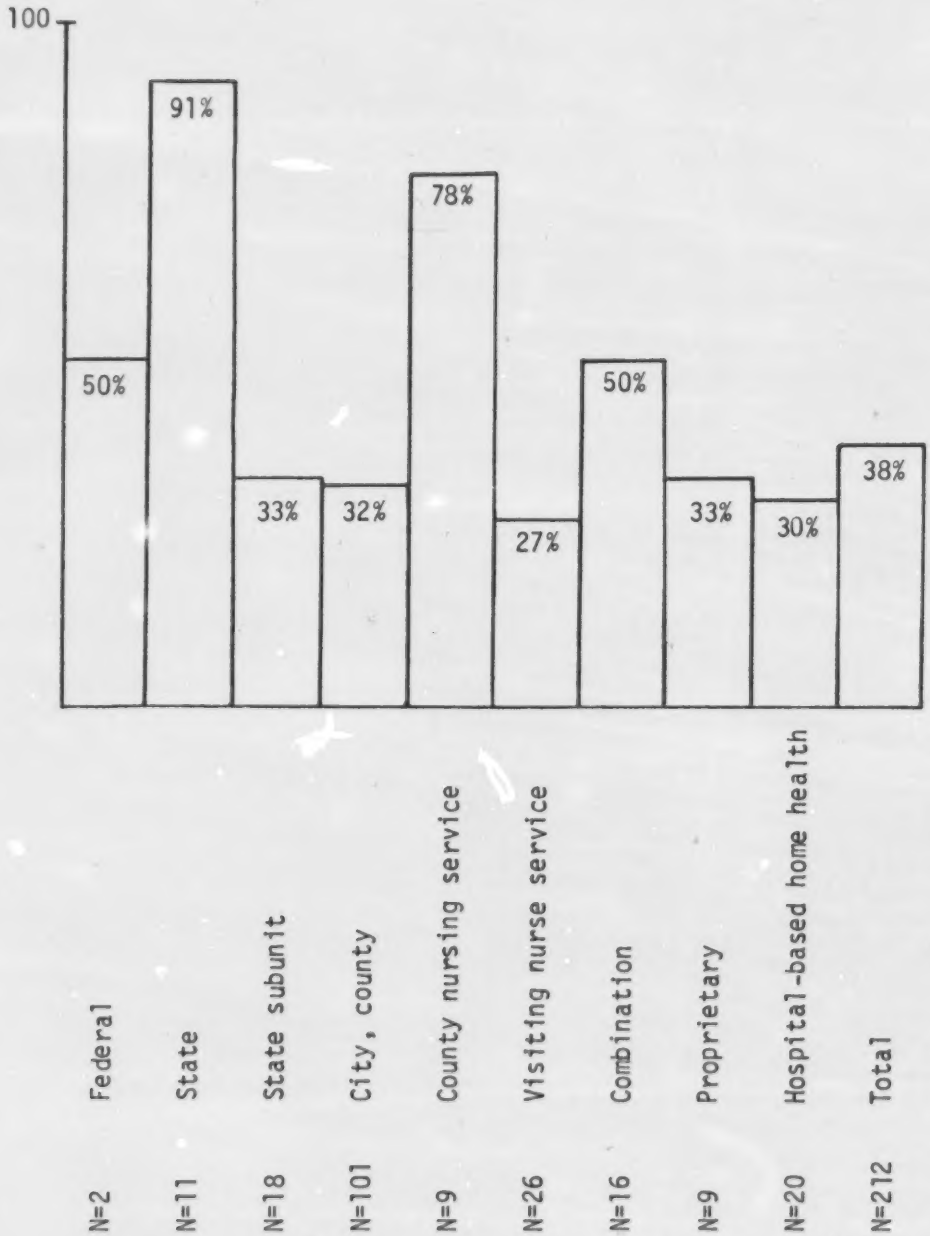

Figure 11. Percentage of each agency type which are familiar with the WICHE Nursing Research Development program.

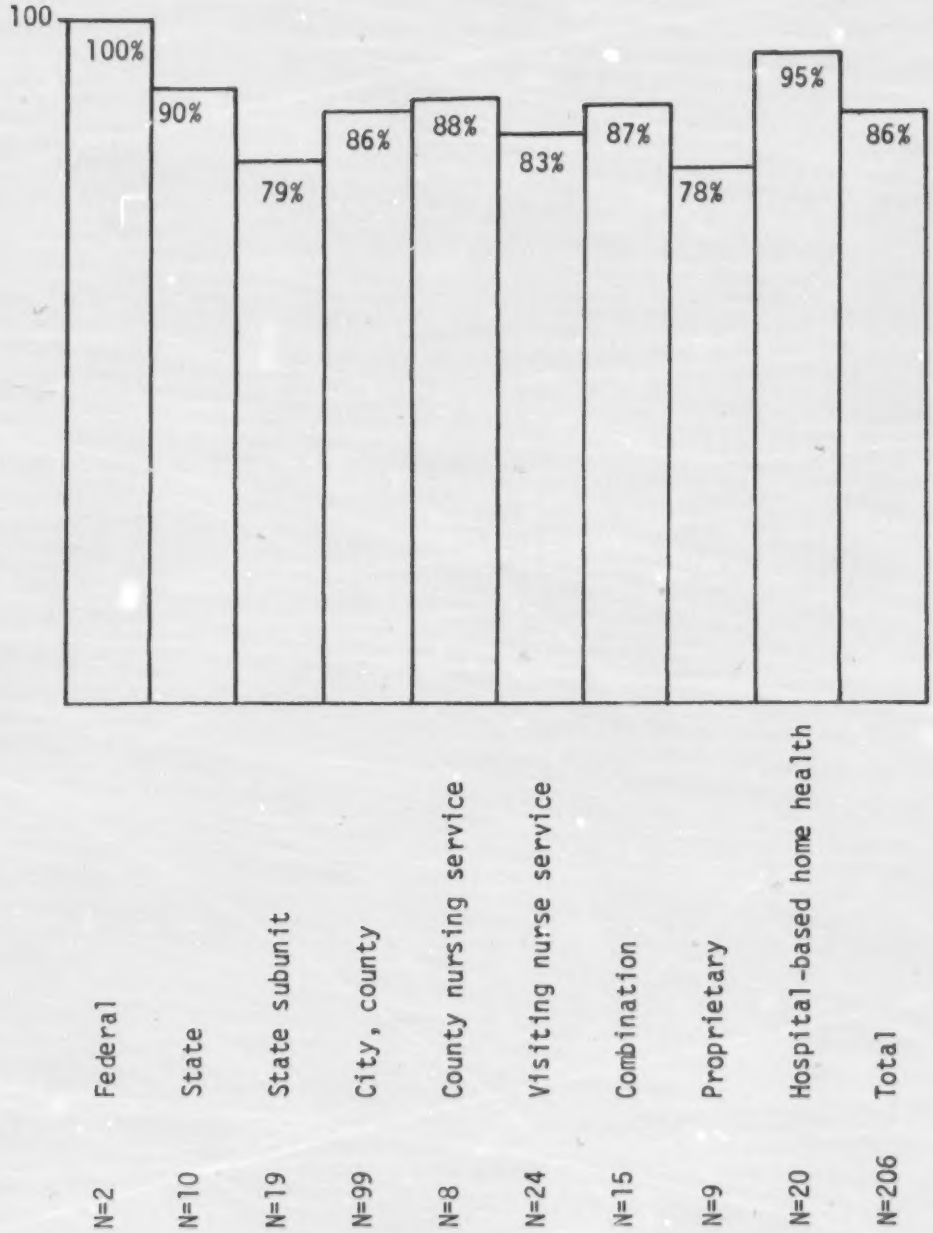

Figure 12. Percentage of each agency type who are interested in receiving information about the Nursing Research Development program.

nursing service agencies also tended to report unfavorable atmospheres more frequently than did the other agencies. The response distribution is given in Figure 13.

The relationship between research atmosphere and the presence of a nurse involved in research was computed. No significant relationship between the two was found (χ^2 = 0.987, d.f. = 1, N.S.). The contingency table is given in Table 23.

Research Topics

The respondents were asked to list topics that they or other nurses in their agency would be interested in researching. Many responses were received on this item, making it necessary to sort the open-ended responses into more general categories. The responses were subjectively classified into categories. Each suggested topic has been listed only once under the heading that seemed to best describe it. It is realized that several of these topics could also be included under other headings. See Table 24.

Most suggestions fell under the classification of "Quality of Nursing Care." Of a total of 203 responses, 69 (34 percent), fell into this category. Of these 69, a total of 22 (32 percent) were related in some way to the evaluation or assessment of quality of care.

The second largest classification included topics related to Maternal/Child Health (MCH) and Family Planning. This classification accounted for 16 percent of the total.

There were many interesting research topics suggested by the respondents. It seems appropriate to make available some of these suggestions to the reader. Appendix B contains a listing of suggested research topics.

There are some general conclusions to be drawn from the information presented in this section. While the presence of ongoing research is small,

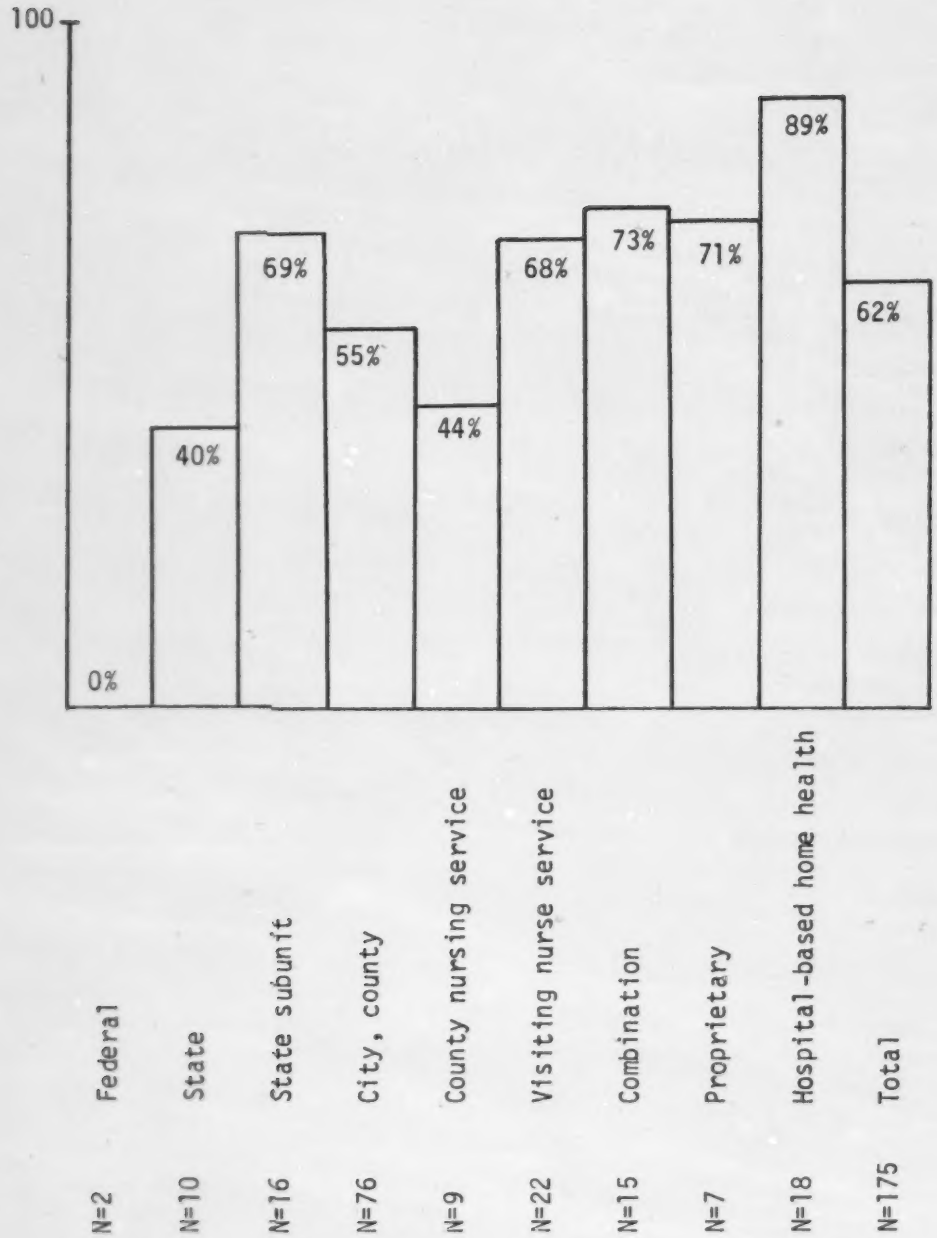

Figure 13. Percentage of each agency type classifying their research atmosphere as favorable.

TABLE 23

RELATIONSHIP OF THE RESEARCH ATMOSPHERE AND THE PRESENCE OF A NURSE INVOLVED IN RESEARCH*

	Favorable Research Atmosphere	Unfavorable Research Atmosphere	Totals
No nurse involved	86	59	145
At least one nurse involved	20	8	28
Totals	106	67	173

*χ^2 = 0.987, d.f. = 1, not significant

TABLE 24

DISTRIBUTION OF SUGGESTED RESEARCH INTERESTS

Classification	Number of Suggestions	Percent of Total
Quality of care	69	33.9
Maternal child care and family planning	33	16.2
Administrative staff	16	7.8
Nurse role utilization	15	7.3
Chronic conditions including aging	14	6.8
Consumer satisfaction	12	5.9
Minority issues	10	4.9
Administrative cost-effectiveness	10	4.9
Nutrition	6	2.9
Administrative records	6	2.9
Nurse role definition	3	1.4
Psychiatric	2	.98
Nurse role preparation	2	.98
Other topics with only one suggestion	6	2.9
Total	203	

the interest in research is high. This is indicated by the desire of many to obtain information with respect to developing research programs and by an abundance of suggested research topics. It is also clear that while the interest is present, monies are not. The lack of funds is judged the greatest obstacle to the expansion of community health nursing research.

Ethnic Minorities in the Agencies

Survey information was collected relating to the role of ethnic minorities in community health agencies. The agencies were asked to report the percentage of ethnic minority patients they served and also whether they employed ethnic minority personnel.

The distribution of percentages of ethnic minority patients across agency type is reported in Table 24. In general, there was a wide range of reported percentages. Both federal agencies reported more than 75 percent of their patients were minorities. The reader should keep in mind that these agencies were specifically dealing with the Indian Health Service.

Another means of representing the presence of ethnic minority patients is given in Figure 14. The figure represents the number of agencies that had at least 10 percent minority patients. Note that just under half of all the agencies reported at least 10 percent of their patients as being ethnic minorities.

Another survey question asked was in reference to the presence of an inservice or orientation program for preparing nursing personnel to provide care for ethnic minority patients. Figure 15 describes the distributions of percentages in response to this question. With the exception of federal agencies on the high end and hospital-based home health agencies on the low end, there were no major differences across agencies. Of the total, 35 percent reported having an inservice program.

TABLE 22

COMPARISON OF THE NINE TYPES OF COMMUNITY HEALTH AGENCIES
ON THE PERCENTAGE OF PATIENTS OF ETHNIC MINORITY BACKGROUND

Percentage of Patients of Ethnic Minority Background	Frequency and Percent of Total	Federal N=2	State N=6	State Subunit N=19	City, County Health Dept. N=98	Hospital-based Home Health N=19	Visiting Nurse Service N=22	Combination Agency N=14	Proprietary Home Health N=8	County Nursing Service N=8
Under 10%	N=94 48%		N=2 33%	N=9 48%	N=46 47%	N=12 63%	N=7 32%	N=7 50%	N=6 75%	N=5 63%
10-25%	N=45 23%		N=1 17%	N=2 11%	N=21 21%	N=3 16%	N=9 41%	N=5 36%	N=1 13%	N=3 38%
25-50%	N=28 14%		N=2 33%	N=2 11%	N=15 15%	N=4 21%	N=4 18%		N=1 13%	
50-75%	N=16 8%				N=13 13%		N=1 5%	N=2 14%		
Over 75%	N=13 7%	N=2 100%	N=1 17%	N=6 32%	N=3 3%		N=1 5%			

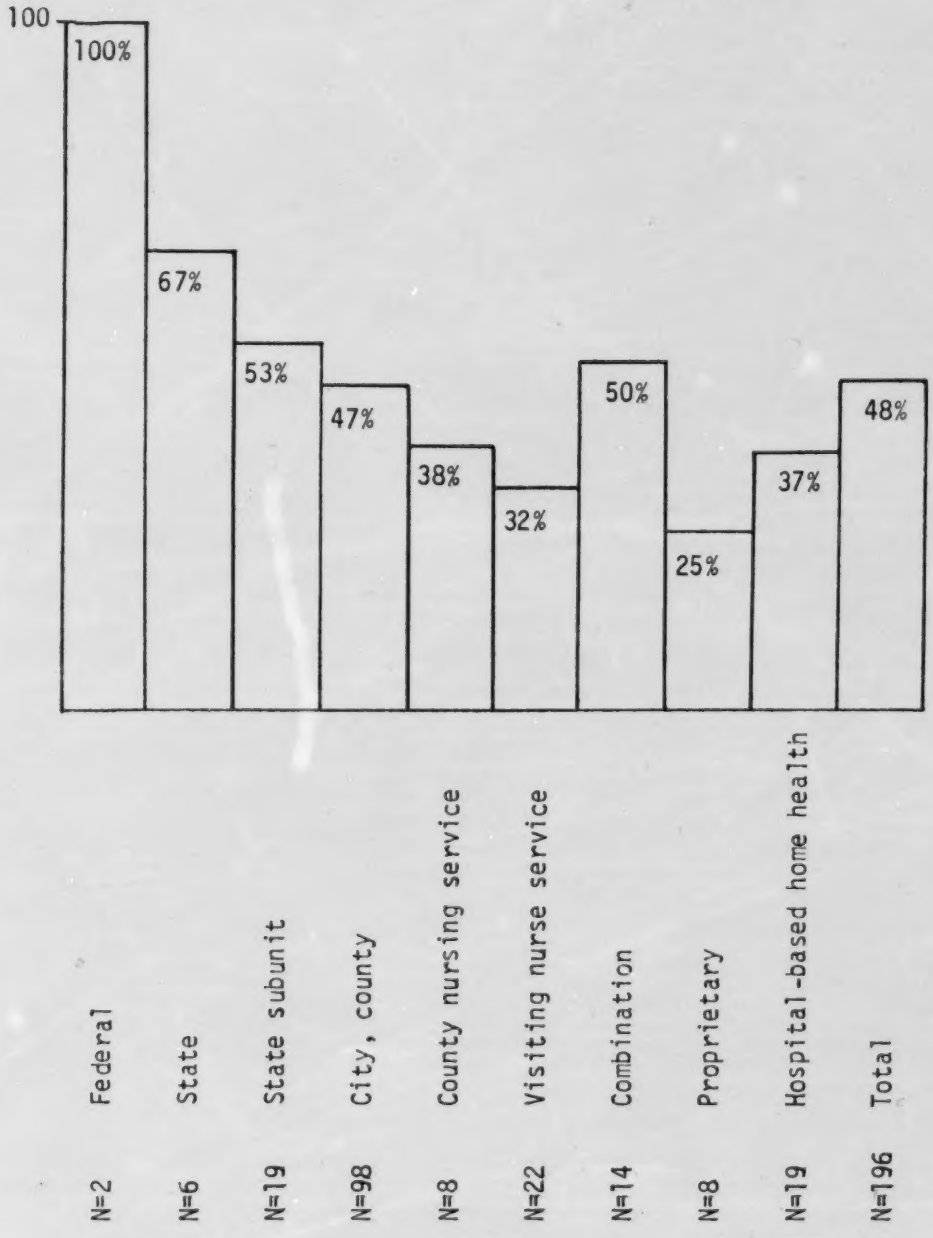

Figure 14. Percentage of each agency type having greater than ten percent ethnic minority patients.

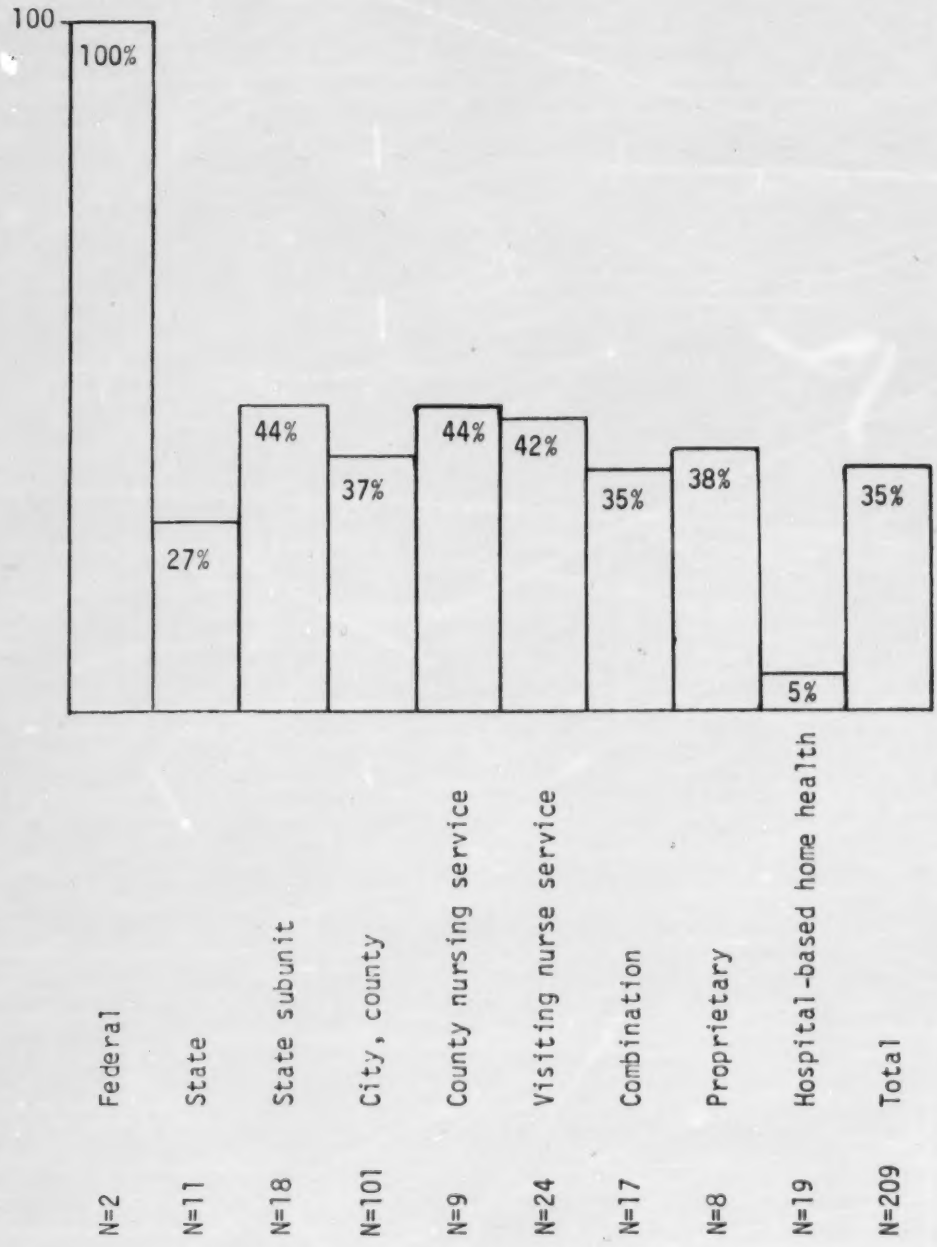

Figure 15. Percentage of each agency type having an inservice or orientation program to prepare nursing personnel to provide care for ethnic minority patients.

The relationship between the presence of an inservice program and the number of ethnic minority patients in an agency was examined. A significant relationship exists ($\chi^2 = 17.9$, d.f. = 3, $p < .001$). Examination of Table 25 reveals the source of the relationship. For all agencies having more than 10 percent minority patients, the absence or presence of an inservice program had about the same probability. The relationship derives from those agencies reporting fewer than 10 percent minority patients. Of these 91 agencies, only 20 had a program. The significant relationship is therefore based on the absence of inservice programs in this last category.

TABLE 25

RELATIONSHIP OF THE PERCENTAGE OF PATIENTS WITH ETHNIC MINORITY BACKGROUND AND THE PRESENCE OF AN INSERVICE OR ORIENTATION PROGRAM TO PREPARE NURSING PERSONNEL TO PROVIDE CARE FOR ETHNIC MINORITY PATIENTS*

Availability of Program	Less than 10% Ethnic Minority Patients	10-25%	25-50%	Over 50%	Totals
Not available	71	22	13	13	119
Present	20	21	14	16	71
Totals	91	43	27	29	190

*$\chi^2 = 17.97$, d.f. = 3, $p < .001$

The response distribution to this question is described in Figure 16. Again, the two federal agencies were involved. None of the county nursing agencies reported having interested minority personnel. At first this seems odd when a fairly high percentage of these agencies reported having minority personnel and minority patients. Yet, county nursing service agencies were reported earlier as being among the lowest in terms of research supports. By comparison, 31 percent of the total number of agencies reported they had ethnic minorities interested in research.

Summary and Conclusions

The findings of this survey indicate that only a small amount of research is currently underway in community health nursing. Most of the ongoing research is on a part-time basis. Only 2 percent of the agencies in the survey reported having a full-time researcher. By comparison, 13 percent of the agencies report at least one nurse involved in either part-time or full-time research. Those agencies that are considered large by the nature of number of visits made per year and administrative staff size are more likely to have a nurse involved in research.

The small amount of ongoing research should not be taken as an indication of a lack of experience or interest. Thirty-six percent of the agencies reported having nurses on their staff who have had research experience. There also was a large degree of research interest evidenced. A total of 71 percent of the respondents indicated that they would be interested in participating in research if consultation were available. A total of 86 percent were interested in obtaining information about the WICHE Nursing Research Development Program. The interest in research was also manifested in the research topics suggested by the respondents. There were more than 200 suggestions made, most of which seemed interesting and relevant. More than 33 percent of the

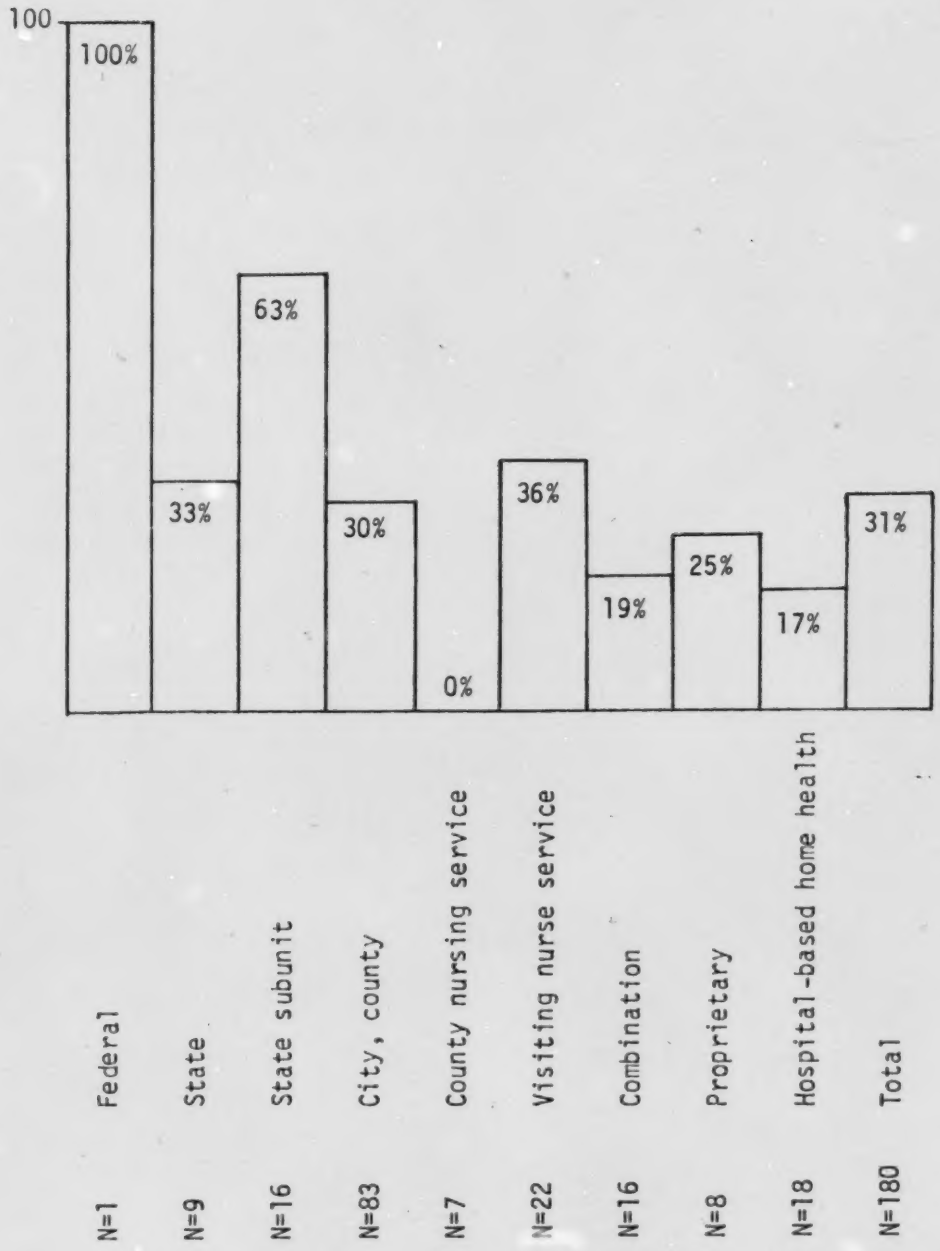

Figure 16. Percentage of each agency type with ethnic minority personnel interested in participating in research, if research consultation were available.

suggestions were concerned with the quality of nursing care, and a large proportion of these concerned evaluative research.

The general atmosphere for research was good. Sixty-two percent of the respondents considered the atmosphere of their agency favorable for research. Unfortunately, interest alone is not sufficient for the implementation of nursing research. Along with the low percentages of ongoing research, there existed similarly low levels of available funds. Fewer than 2 percent of the agencies reported having a budget allocated for nursing research, and only 7 percent had a research section in their agency. Access to an agency research budget for nursing research purposes was reported by 9 percent, while 15 percent were able to transfer monies within a nursing budget for research purposes.

Budget restrictions were rated most frequently by the respondents as an impediment to research. A total of 65 percent of the agencies reported that the availability of funds for pilot studies and data processing might facilitate involvement in research.

In addition to direct funds, the availability of research and methodological consultation was important. Forty-eight percent of the agencies indicated that the presence of this service might facilitate research. Only 23 percent of the agencies had reported having access to a statistician while computer services were available to 25 percent.

Thus, in community health agencies a great deal of interest in nursing research exists along with a generally favorable atmosphere for research. At the same time the outcome of the manifestation of this interest is very limited due to a lack of research support partly in terms of services and largely in terms of dollars.

Support services are needed for research involvement in order to try to achieve good research design and analysis. Monies are also needed even if initially they are received in small amounts. A small budget can fund a pilot study--the results of which might be the foundation on which a major research project could be built.

APPENDIX A

Survey of Nursing Research Activities in Community Health Agencies

SURVEY OF NURSING RESEARCH ACTIVITIES IN COMMUNITY HEALTH AGENCIES

Conducted by
WESTERN INTERSTATE COMMISSION FOR HIGHER EDUCATION
REGIONAL PROGRAM FOR NURSING RESEARCH DEVELOPMENT

Agency name _____ (1-3)

Address _____

City/state _____ (4-5)

Name of respondent _____

Title _____ (6)

Note: Ignore numbers in parentheses. They are for keypuncher's information.

Type of agency (7) Check one.

State:

Health Department ___ (1)
Health Department (subunit) ___ (2)

Local:

City or county health department ___ (3)
Local health department subunit ___ (4)
County nursing service ___ (5)
Visiting nurse service ___ (6)
Combination agency ___ (7)
Proprietary home health agency ___ (8)
Hospital-based home health agency ___ (9)

Sources of funds (8)

Private ___ (1)
Public ___ (2)
Both ___ (3)

Size of agency (9)

Administrative personnel in nursing (including consultants):

1-5 ___ (1)
5-15 ___ (2)
15-30 ___ (3)
> 30 ___ (4)

Staff nursing personnel (PHN, RN, LPN) (10)

1-10 ___ (1)
10-25 ___ (2)
25-75 ___ (3)
> 75 ___ (4)

Percentage of patients of ethnic minority background (11)

< 10% ___ (1)
10-25% ___ (2)
25-50% ___ (3)
50-75% ___ (4)
> 75% ___ (5)

Number of nursing visits made per year (12)

0-1,000 ___ (1)
1,000-2,000 ___ (2)
2,000-5,000 ___ (3)
5,000-15,000 ___ (4)
15,000-30,000 ___ (5)
30,000-60,000 ___ (6)
> 6,000 ___ (7)

How many nurses are identified in your agency as full-time nurse researchers? (13)

0 ___ (1)
1-3 ___ (2)
> 3 ___ (3)

How many nurses are involved in nursing research on a part-time basis? (14)

0 ___ (1)
1-3 ___ (2)
> 3 ___ (3)

Is there a section of your agency responsible for research? (15)
For example _____

Yes ___
No ___

Please indicate the support services in your agency which nurse researchers would have access to.

		Not available (1)	Can be contracted for (2)	Available (3)
Library	(16)			
Space for research	(17)			
Statistician	(18)			
Videotape recording	(19)			
Duplicating equipment	(20)			
Computer services	(21)			
Public health laboratory services	(22)			
Epidemiologist	(23)			

Does your agency have the following personnel or departments?

		Yes (1)	No (2)
Nursing consultants	(24)		
Staff development office	(25)		
Health planners	(26)		
Communicable disease control	(27)		
Vital statistics department	(28)		
Health education services	(29)		
Data processors	(30)		
Environmental health	(31)		
Grants business officer	(32)		

Does your agency have a budget for nursing research? (33)

No ___ (1)
Yes, $250 or less ___ (2)
$250 - $1,000 ___ (3)
$1,000 - $5,000 ___ (4)
> $5,000 ___ (5)

Does your agency have a budget for research to which nursing has access? (34)

Yes ___ (1)
No ___ (2)

Is it possible to transfer monies within the nursing budget to be used for research? (35)

Yes ___ (1)
No ___ (2)

Please indicate the services which your agency provides:

		Service to individual (1)	Clinic (2)	Screening (3)	Classes (4)
Communicable disease	(36)				
Tuberculosis surveillance, treatment, control	(37)				
Venereal disease	(38)				
Child health services	(39)				
School health services	(40)				
Health services to handicapped	(41)				
Mental retardation	(42)				
Family planning health services	(43)				
Maternity health services	(44)				
Adult health services	(45)				
Chronic disease surveillance and control	(46)				
Cancer surveillance and control	(47)				
Home health care	(48)				
Migrant health services	(49)				
Nursing home consultation and regulation	(50)				
Mental health promotion and care	(51)				
Alcoholism prevention and rehabilitation	(52)				
Drug abuse prevention and rehabilitation	(53)				
Geriatric health services	(54)				
Arthritis	(55)				
Anemia, nutritional, and metabolic disease	(56)				
Cardiovascular	(57)				
Cerebral vascular accidents	(58)				
Diabetes	(59)				
Orthopedics	(60)				
Gastrointestinal	(61)				
Genitourinary	(62)				
Neuro-sensory	(63)				
Respiratory	(64)				

Are you familiar with the WICHE Nursing Research Development program? (65)

Yes ___ (1)
No ___ (2)

Would you be interested in receiving information on it? (66)

Yes ___ (1)
No ___ (2)

Have any of your nursing personnel ever been involved in nursing research before? (67)

Yes ___ (1)
No ___ (2)

If yes,

A. Was this part of an educational experience (1) or part of a job related activity (2)? (68)

_____ (1)
_____ (2)

B. Please give name of investigator and title of study.

_____

_____

If research consultation were available, would any personnel in your agency be interested in participating in research? (69)

Yes ___ (1)
No ___ (2)

Are any of these personnel of ethnic minority background? (70)

Yes ___ (1)
No ___ (2)

How would you rate the research atmosphere in your agency? (71)

Favorable ___ (1)
Unfavorable ___ (2)

List the research topics that you or other nurses in your agency would be interested in researching. (72)

_____

_____

_____

(Over)

Does your agency have an inservice or orientation program to prepare nursing personnel to provide care for ethnic minority patients? (73)

Yes ___ (1)
No ___ (2)

Is your agency planning to be involved in research in the near future? (74)

Yes ___ (1)
No ___ (2)

What factors would have the greatest effect in facilitating the involvement of nursing personnel from your agency in nursing research? Check those that apply.

The availability of consultation in design and methodology ___ (75)

The support of others involved in research on the same topic ___ (76)

Statistical consultation ___ (77)

Availability of funds for pilot studies, data processing, etc. ___ (78)

Administrative support that research is a desirable activity for community health nurses ___ (79)

If your agency is not now, or planning to become, involved in research, please state what factors impeded its involvement. (80)

_____

_____

_____

APPENDIX B

Suggested Research Topics

APPENDIX B

The following pages contain a listing of the numerous research topics in which the respondents indicated an interest. They have been subjectively categorized under several different headings.

Each suggested topic has been listed only once under the heading that seemed to best describe it. It is realized that several of these topics could also be included under other headings.

QUALITY OF CARE

Follow up of poststroke patients regarding amount of regression, if any, and how much physical therapy given (or needed) since initial rehabilitation program

Cost effectiveness of home care to, for example, cardiacs, regarding home follow-up in relation to decreased visits and decreased hospitalization

Follow up postCVAs weekly/monthly in clinic-type setting to prevent regression: (1) by reviewing and encouraging exercises, and (2) by letting them know that someone is interested and checking on their progress

Family dynamics and nursing interventions

Efficacy of service delivery model

Effectiveness of home health in preventing institutionalization

Side effects to oncology radio- and chemotherapy

Effectiveness of services--one-to-one home visiting versus mini-group sessions

Developing indicators to measure outcomes of nursing intervention

Reasons for unkept appointments

Effect of adult health expanded role course on quality of nursing care

Effect of nurse-conducted community maternity clinics on delivery and postpartum period

Effectiveness of nurse-practitioner in delivering patient care in rural communities where there is no physician

Benefits derived from coordinated discharge planning from skilled nursing facility to lesser level of care

Identification and measurement of the degree of "support" given to families and patients by visiting nurse

Tools and methods of providing continuity of teaching in the home

Survey hospital readmissions occurring two weeks posthospitalization to see which would have been preventable by health care follow-up

Identify that method of catheterization care in the home which prevents urinary tract infections

Benefits received from home health care

Compliance versus noncompliance of patients following medication regime in the home

Criteria for assessing results of nursing intervention in home health agency

QUALITY OF CARE (Continued)

Effects of parenting on child development

Effect of high-risk programs in public health on clinical skills of public health nurses

Effect of a comprehensive medical nursing history upon diabetics and their compliance with a medical-nursing treatment regime

Multiple sclerosis rehabilitation and coping mechanisms

Outcomes of home health and day care as contrasted with hospitalization and nursing home care

Determination of methods for improving quality of care in health facilities

Correlation of community health nurse interventions and preventive health services with ill health, that is, with hospital da

Incidence of low-birthweight infants born to mothers who attended nurse clinics as compared to those who were attended by medical doctor

Effectiveness of nurse assessment in child health conferences

Documentation of the effectiveness of the delivery of home care to: (1) cardiac patients, (2) geriatric patients, (3) postsurgical patients, and (4) cancer patients

Development of statewide "well oldster" or adult health maintenance services--specifically, what difference (outcomes) are occurring

Evaluation of outcomes of nursing care

Evaluation of patient teaching

Effect of small group or one-to-one interaction of public health nurses prenatally with potential child abusers

Topics concerned with patient care, delivery, outcomes, etc.

Factors affecting medication compliance in health care population

Results of expanded role and patient care

Various aspects of patient care

Outcomes of new programs

Use of enterostomal therapy, patient response, patterns of care

Effects of public health nurse intervention

Field research in community health nursing--quality assurance

QUALITY OF CARE (Continued)

Effectiveness of nursing service to parents who have suffered a sudden infant death

Nursing follow-up on posthospitalized patients to prevent rehospitalization

Most appropriate time to teach parenting and in what setting--individual or group

Factors that influence motivation for follow-up of identified health problems

Factors that influence decrease in clinic appointment failure rate

Health status versus school achievement

Health status versus self-concept

Development of standards and methods to measure achievement of objectives in family contacts (measuring impact of nurse on the family constellation)

Impact of chronic disease surveillance on the total health care scene (decreased hospitalization episodes, physician office calls, nursing home placement)

Effect of home care service on reduction of hospital days or rehospitalization

Quality of care, various programs and services

Quality patient care

Quality of care

Effectiveness of patient teaching program

Effectiveness of home visits for selected health care problems, for example, failure to thrive, prenatal health, prematurity

Effectiveness of individual versus group health care teaching

Quality assessment

MATERNAL/CHILD HEALTH AND FAMILY PLANNING

Multiple births among young women--religion versus health

Handicapping diseases in children from an inbred group

Attitudes toward family planning

Causative factors of congenital defects

MATERNAL/CHILD HEALTH AND FAMILY PLANNING (Continued)

Why patients choose therapeutic abortion as a method of family planning as opposed to other methods

More definitive research on infant mortality

Sudden infant death

Development of adequate family living program with school districts with follow-up to determine relationship with teenage pregnancies

Family planning--efficacy of IUD

Effectiveness of nursing service in identifying high-risk infants who have CNS or develop disabilities

Handicapped children, especially cerebral palsy, related to adequacy of maternal care

Child abuse--does nursing make a difference?

Child abuse

Does the parent's presence during child's physical exam affect follow-up on defects found?

Follow-up of high-risk and premature infants

Need for maternal care--prenatal clinic in community

Need for comprehensive maternal/child health project (including sick child clinic)

Effectiveness of prenatal classes and new born follow-up

Preschool readiness

High-risk pregnancies

Birth defects

Child health services

Maternal and child health

Abnormal growth and development identified in preschool children by public health nurses versus PNA versus physicians in child health conference

Prenatal services

Birth control methods and teenage pregnancies

Birth defects

MATERNAL/CHILD HEALTH AND FAMILY PLANNING (Continued)

Impact of family planning services on community

Perinatal nursing, child development

High-risk infants

ROLE PREPARATION

Interdisciplinary education and service (factors assuring success)

Preparation of community health nurses for the future--is there a specific role for this kind of nurse, what types of auspices?

ROLE UTILIZATION

Nurses as health planners and policy and/or decision makers: preparation, work settings, interdisciplinary teams, other

Utilization of a nurse as primary health care provider to residents of nursing homes or retirement communities

Use of adult nurse practitioner in providing occupational health services

Nurse practitioner role in a home health agency

Demonstration of use of nurse practitioners in medically underserved areas of rural eastern Adams and Arapahoe Counties

Use of practitioner versus traditional nursing service--which has greatest effect?

Utilization of nursing personnel in local health departments and/or health facilities

Need for, and utilization of, school nurses

Nurses as primary care givers--preparation, definition, evaluation of practitioners and in different settings

Organizational and administrative structures that enhance or retard use of nurse practitioners

Humanistic approach to teaching through nursing

Adult health services

Utilization of services

Effect of extended role on delivery of health care

ROLE DEFINITION

Who and what is a nurse specialist, nurse practitioner, clinical nurse practitioner, and other similar titles?

Extended role of public health nurse

ADMINISTRATIVE

Staff

Leadership and stress reduction

Methods of working with medical doctors to enhance continued home care services

Number and type of nursing visits for a given diagnosis

Integration of nursing services into health agency concept

Use of public health nurses in ambulatory care setting

Staffing and workload standards for public health nursing

Patient satisfaction with nurse practitioners versus medical care in clinics

Effectiveness of team nursing in community health versus district assignment

Nursing participation in control of communicable disease

Attitudes of nursing personnel toward clients

Functional analysis of community health nursing

Appropriate delivery of public health nursing services over wide, sparsely populated areas in California

Staffing

Ways of changing attitudes to health practices in traditional setting

In a one-nurse public health agency with x population and x miles to travel, what is the maximum patient case load a nurse can carry and give quality nursing care?

Utilization of services for the most needs of the patients

Acuity rating of home health patients--staffing patterns

ADMINISTRATIVE (Continued)

Consumer Satisfaction with Utilization of Services

Behavior and attitudes of clients

Use of health resources by multiproblem families

How does the community see public health nursing?

Community opinion or reaction to health matters or education

Community health needs

How can public health nurses cope with frustrations encountered in the community in their attempt to handle a variety of health problems and maintain self-esteem?

Overcoming medical disapproval of new nursing programs in rural communities

Are home care services meeting the needs of community?

How can community become better informed about services available?

Impediments to entry into health care system

Adequacy of home health services in relation to a population base (measurement of community need)

Attitudes of patients, physicians toward visiting nurse associations

Measurement of adequacy of program in relation to community needs

ADMINISTRATION/COST EFFECTIVENESS

Cost effect benefits of public health nurse home visits

Cost effectiveness of nurse practitioner

Cost factors of home care versus institutionalization

Time and motion

Economic efficiency of personnel and resources

Time and management for all personnel

Correlation of a peer review currently in use as part of personnel system with productivity

Evaluation of clinic appointment system

Cost effectiveness

Cost/benefit ratio of services being provided

ADMINISTRATION/RECORDS

Duplication of patient records due to lack of central index in department

Nursing audit procedure for home health agency

Record review: standards for quality, not just quantity

Writing and validating procedures commonly used in visiting nurse associations

Effective recording in public health nursing without writing so much

Implementation and evaluation of record system for community health nursing

MINORITY CONCERNS

Psychological aspects of minority groups regarding family planning

How best to reach ethnic minorities with services

Working with minority group patients by nonminority group nurses

Public health needs in native American community

Is there a difference observed in development of children of the unwed mother within the Indian culture?

Special needs of the Indian senior citizen in illness and/or nursing home

Tuberculosis control among Indians

Identification of factors that contribute to underutilization of home health agency by minority populations

Migrant health services

Contribution of nursing in comprehensive health planning in area such as Navajoland

CHRONIC CONDITIONS, INCLUDING AGING

High incidence of multiple sclerosis in Lincoln County

Aging

Services to aged

Geriatric health

Aging factors in maintaining healthy status

Hypertension

CHRONIC CONDITIONS, INCLUDING AGING (Continued)

Geriatrics

Relationship between environmental stimulation and aging

Geriatrics

Effectiveness of community health nursing services in detection of hypertension and achieving patient compliance to therapy regimens

NUTRITION

Assessment of nutrition in the community

Effect of nutritional anemia in oldster population

Nutritional aspects of the American Indian culture (Colville Reservation)

Nutritional status of pregnant women

Nutrition in relationship to disease

Nutrition: development of adequate health screening program, and relationship to incidence of chronic disease in senior segment of population.

PREVENTION/CASE FINDING

Beta-strep on throat cultures of all school-age children in Lincoln County

Mobile health screening

Immunization areas

Develop measurable preventive programs for adults (age 21-60)--risk factors, age groups

Multiphasic screening for school children--a comparative study elementary versus secondary

Screening and care of black lung

PROGRAM AREAS

Tuberculosis

High incidence of positive skin reactors in one particular area among school children

Cardiovascular

PSYCHIATRICS

Needs assessment for psychiatric home care

Community psychiatric nursing

DEATH AND DYING

Death and dying in the home

ENTRY TO SYSTEM

Utilization of free clinics as a means of entering the health care system

SUBSTANCE ABUSE

Alcohol consumption in the community and its effect on the population

MISCELLANEOUS

Modality/parameter studies for medicare

Provide coordination within health delivery system

Establishing productive program of public relations

Total evaluation of all our programs beginning 7/1/75 using management by objectives

1921068000045500:
3C:776:GD:WICHE:2C81

Selected Nursing Publications by WICHE

Credit by Examination in Nursing: Proceedings from a Western Regional Conference, 1972. Jo Elliott, Jon Bunnell, Carolyn Byerly, eds. $2.00.

Communicating Nursing Research, Volume 1: The Research Critique. Marjorie V. Batey, ed. $3.00.

Communicating Nursing Research, Volume 2: Problem Identification and the Research Design. Marjorie V. Batey, ed. $3.00.

Communicating Nursing Research, Volume 3: Methodological Issues in Research Marjorie V. Batey, ed. $3.00.

Communicating Nursing Research, Volume 4: Is the Gap Being Bridged? Marjorie V. Batey, ed. $3.00.

Communicating Nursing Research, Volume 5: The Many Sources of Nursing Knowledge. Marjorie V. Batey, ed. $3.00.

Communicating Nursing Research, Volume 6: Collaboration and Competition. Marjorie V. Batey, ed. $3.00.

Communicating Nursing Research, Volume 7: Critical Issues in Access to Data. Marjorie V. Batey, ed. $5.00.

Communicating Nursing Research, Volume 8: Nursing Research Priorities: Choice or Chance. Marjorie V. Batey, ed. $6.00.

Five Years of Cooperation to Improve Curricula in Western Schools of Nursing. Prepared by Juereta Smith. $5.00.

Delphi Survey of Clinical Nursing Research Priorities. Conducted by Carol A. Lindeman. $1.00. (Available in microfiche.)

Nursing Research Support in Hospitals in the Western Region. Prepared by Rosemary G. Campos. $2.00.

Funding Sources for Research in the Health Sciences. Compiled by Rosemary G. Campos. $5.00. (Available in microfiche.)

Federal Monies for Health Science Research. Compiled by Rosemary G. Campos and Linda Schmatz. $5.00.

Request publications through Publications Unit, Western Interstate Commission for Higher Education, P.O. Drawer P, Boulder, Colorado 80302.